

<b>Case Number:</b>	CM13-0002684		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	03/10/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	07/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is an injured worker with lumbosacral condition. Date of injury was 03-10-2010. Progress note for date of service 06-11-2013 documented a chief complaint of left SI joint pain. Patient has been treated with RFA of L4 medial branch, L5 dorsal rami, and lateral branches of S1, S2 (4 levels) with 100% pain relief for approximately 5 1/2 months. Procedure date 12-05-2012 the patient desires repeat procedure. Physical examination - increased pain over left SI. Assessment - disorder of sacroiliac left. Plan - Repeat RFA L4 medial branch, L5 dorsal rami, and lateral branches of S1, S2 Left. Procedure note 12-05-2012 documented performance of left-sided radiofrequency ablation of lumbosacral spine targeting L4 medical branch nerve, L5 dorsal rami, lateral branch, dorsla rami S1 and S2, under fluoroscopy. Diagnosis was sacroiliitis. Utilization review dated 07-08-2013 recommended non-certification of the request for SI joint injection 06-28-2013 and fluoroscopy 06-28-2013.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**SI JOINT INJECTION:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines.gov, Hip & pelvis (acute &

chronic); Work Loss Data Institute. Hip & pelvis (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12. Various p.

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address sacroiliac joint (SI) radiofrequency ablation (RFA). Work Loss Data Institute guidelines (Hip & Pelvis) addresses S1 RFA. Work Loss Data Institute considered and concluded that sacroiliac joint radiofrequency neurotomy is not recommended. Progress note dated 06-11-2013 documented left sacroiliac (SI) joint disorder and requested left-sided radiofrequency ablation (RFA) and fluoroscopy. Work Loss Data Institute guidelines does not recommend sacroiliac (SI) radiofrequency ablation (RFA). Therefore, the request for S1 Joint Injection is not medically necessary.

**FLUOROSCOPY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Guidelines.gov, Hip & pelvis (acute & chronic); Work Loss Data Institute. Hip & pelvis (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2013 Jun 12. Various p.

**Decision rationale:** Medical treatment utilization schedule (MTUS) does not address sacroiliac joint (S1) radiofrequency ablation (RFA). Work Loss Data Institute guidelines (Hip & Pelvis) addresses SI RFA. Work Loss Data Institute considered and concluded that sacroiliac joint radiofrequency neurotomy is not recommended. Progress note 06-11-2013 documented left sacroiliac (SI) joint disorder and requested left-sided radiofrequency ablation (RFA) and fluoroscopy. Work Loss Data Institute guidelines does not recommend sacroiliac (SI) radiofrequency ablation (RFA). Therefore fluoroscopy for SI RFA is not medically necessary.