

<b>Case Number:</b>	CM13-0002697		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	08/01/2002
<b>Decision Date:</b>	01/14/2014	<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 a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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:

The claimant is a 61-year-old female who was injured in a work related accident on August 1, 2002 sustaining injury to the low back. Recent clinical progress reports for review include a June 27, 2013 assessment where she was noted to be with continued complaints of left SI joint pain. It states a recent injection of June 21, 2013 resulted in only transient relief of her left buttock complaints. A previous injection performed three months ago to her left SI joint afforded 50% reduction in the claimant's pain complaints. Physical examination findings showed 4+ tenderness to the SI joint on the left with full range of motion of the hip and a neurologic examination demonstrating no motor, sensory or reflexive changes to the lower extremities. Current diagnosis was that of sacroiliitis. Given the claimant's pattern of relief from injections, a cooled radiofrequency ablation to the left SI joint was recommended for further long term relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cold radiofrequency ablation of the left S1 joint:** 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), Hip & Pelvis Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Sacroiliac joint radiofrequency neurotomy..

**Decision rationale:** CA MTUS do not specifically address the requested treatment for the SI joint; with respect to physical methods the guidelines state that there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Evidence based literature does not support its long term efficacy or benefit. A recent small randomized clinical trial only indicated immediate term relief of pain with significantly diminished pain relief over the course of three to six months. Lack of evidence based literature to support its long term efficacy would fail to necessitate the role of the proposed procedure in question. The request for the cooled radiofrequency ablation to the SI joint is not medically necessary and appropriate.