

<b>Case Number:</b>	CM13-0015804		
<b>Date Assigned:</b>	10/10/2013	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	08/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/23/2013

### 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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 04/16/2007. The treating diagnosis is disorders of the sacrum. A progress note and an appeal letter dated 10/07/2013 both address a prior denial regarding radiofrequency ablation treatment of the sacroiliac joint. That appeal letter notes that a prior reviewer stated that this treatment is experimental and not recommended as per Official Disability Guidelines since there is no clear-cut knowledge of the innervation in the sacroiliac joint and because post radiofrequency ablation does not work. The treating physician notes that he has been performing radiofrequency ablation for the sacroiliac joint in patients who require it. This physician said that it is recommended that sacroiliac joint injection be performed on a diagnostic basis and that radiofrequency ablation may be appropriate if the patient gets excellent pain relief. The physician notes that this patient had approximately 10-12 days of almost complete pain relief following sacroiliac joint injections and also notes that the patient's physical exam and symptoms point to a sacroiliac pathology. This physician stated that the only other treatment available would be fusion of the sacroiliac joint. The overall treating diagnoses include failed back syndrome, radiculopathy, sacroiliitis, and the history of lumbar intervertebral disc syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency lesioning bilateral sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Hip and Pelvis

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment of Workers' Compensation, Hip.

**Decision rationale:** ACOEM Guidelines state that invasive techniques are of questionable merit. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. A recent review of this intervention in a journal sponsored by The American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. Therefore, this treatment is essentially investigational or experimental in nature. The treating physician describes his personal experience with this procedure, but does not discuss peer-reviewed literature or professional cited recommendations supporting the efficacy of this treatment. The medical records and guidelines do not provide a basis for the requested treatment and radiofrequency lesioning is not medically necessary or appropriate.