

<b>Case Number:</b>	CM13-0019221		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/12/2011
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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:

This patient is a 58-year-old female who reported an injury on 05/12/2011. The documentation submitted for review details a clinical evaluation on 08/19/2013, which indicated that the patient was seen for a pain management followup. Notes indicated the patient was status post a third left sacroiliac joint injection and that a prior request for left sacroiliac joint radiofrequency procedure was denied. Notes indicate that an additional SI joint steroid injection was approved and that the patient had the injection approximately 2 weeks prior with a reported 50% improvement in pain. Physical examination of the patient notes the lumbar spine range of motion with flexion of 50 degrees, extension 10 degrees, and lateral flexion of 30 degrees bilaterally, as well as rotation of 35 degrees bilaterally. Positive testing for march test, Gillett's test, Faber test, forward sitting test, and Fortin test were positive on the left and negative on the right. Lower extremity range of motion revealed flexion of 150 degrees bilaterally, with 30 degrees of extension, 45 degrees of abduction, and adduction of 30 degrees. Internal rotation was to 35 degrees and external rotation was to 35 degrees. Positive Gaenslen's, Patrick's, Oberg's, and Gillett's test were again noted on the left. Motor strength was graded as 5/5 in the bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left sacroiliac joint radiofrequency:** 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 and 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) Hip and Pelvis Chapter, Radiofrequency Neurotomy

**Decision rationale:** CA MTUS/ACOEM Guidelines do not address SI joint neurotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are currently described for this procedure. However, the use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. 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. While the documentation submitted for review indicates that the patient has good benefit from prior SI joint steroid injections with more than 50% improvement in pain, the requested procedure is not supported by the guidelines due to insufficient literature demonstrating its efficacy. Given the above, the request for left sacroiliac joint radiofrequency is not medically necessary and appropriate.

**Follow up appointment after radiofrequency procedure:** 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 and 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) Hip and Pelvis Chapter, Office Visits.

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address office visits. The Official Disability Guidelines state that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request for a followup appointment following radiofrequency procedure is not supported, given that the request is in conjunction with a request for an SI joint radiofrequency procedure which has not yet been certified. Therefore, medical necessity for a followup office visit is not established. Given the above, the request for followup appointment after radiofrequency procedure is not medically necessary and appropriate.