

<b>Case Number:</b>	CM13-0027362		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/25/2012
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/20/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 45 year old male with a work injury on 6/25/12. The diagnoses include: 1. Status post positive diagnostic sacroiliac joint injection 2. Sacroiliitis 3. Left sacroiliac joint pain 4. Lumbar facet joint pain 5. Lumbar disc protrusion 6. Lumbar stenosis 7. Lumbar sprain/strain. There is a request for a flouroscopically-guided left sacroiliac (SI) joint radiofrequency nerve ablation neurotomy/rhizotomy)-Lumbar A 9/9/13 comprehensive medical legal evaluation report indicates that the patient has low back and buttock pain that are exacerbated with prolonged sitting/ standing, lifting, twisting, driving, activities, lying down, bearing down. On physical exam from this 9/9/13 evaluation report there is tenderness upon palpation of the lumbar paraspinal muscles. Lumbar ranges of motion were restricted by pain in all directions. Lumbar flexion was worse than lumbar extension. Lumbar discogenic provocative maneuvers were positive. Left sacroiliac joint provocative maneuvers, Patrick's, Gaenslen's, and tenderness at left sacral sulcus, were positive. Nerve root tension signs were negative bilaterally. Muscle stretch reflexes are 1 and symmetric bilaterally in all limbs. Clonus, Babinski's, and Hoffmann's signs are absent bilaterally. Muscle strength is 5/5 in all limbs. The remainder of the examination is unchanged from the previous visit. There is an appeal on this office visit which states that the patient has a positive diagnostic sacroiliac joint injection that provided 95% relief of left low Final Determination Letter for IMR Case Number CM13-0027362 3 back pain and left sacroiliac joint pain after 20 minutes lasting greater than 2 hours. The patient has positive left sacroiliac joint provocative maneuvers including Patrick's, Gaenslen's and tenderness at the Sacral Sulcus. The document goes on to state that the MTUS is silent on sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy), It is not that the procedure is unsupported and therefore peer-reviewed studies should be consulted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **FLUOROSCOPICALLY-GUIDED LEFT SACROILIAC (SI) JOINT RADIOFREQUENCY NERVE ABLATION (NEUROTOMY/RHIZOTOMY) - LUMBAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, Page(s): 286-326.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS, Page(s): 300-301.

**Decision rationale:** Fluoroscopically-guided left sacroiliac (SI) joint radiofrequency nerve ablation (neurotomy/rhizotomy)-Lumbar is not medically necessary per the MTUS and the ODG guidelines. The MTUS states that quality literature does not exist regarding radiofrequency neurotomy of the face nerves in the lumbar region. The ODG states that there are several techniques for sacroiliac joint radiofrequency nerve ablation. Per the ODG, the use of all of these techniques has been questioned, in part, due to the fact that the innervations of the sacroiliac joint remain unclear. There is also controversy over the correct technique for radiofrequency denervation. A 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, the request for fluoroscopically guided left sacroiliac joint radiofrequency ablation (neurotomy/rhizotomy)-lumbar is not medically necessary.