

<b>Case Number:</b>	CM13-0034735		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/21/2010
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 patient is a 52-year-old female who was injured in a work-related accident on 3/21/10. Records indicate an injury to the low back. A clinical assessment dated 10/23/13 with [REDACTED] indicated ongoing low back complaints noted to be relatively unchanged. It states the patient continues to benefit with usage of medications. She also complains of chronic right leg pain. Physical examination showed hypoesthesias to the right posterior buttock and thigh with 1+ symmetrical deep tendon reflexes and no motor change. A lumbar MRI from 6/25/13 showed a L4-5 disc protrusion, as well as paracentral right disc protrusion at L5-S1. The claimant was diagnosed with a right sacroiliac joint dysfunction, which is currently considered to be the main pain generator. Her physical examination showed tenderness over the right SI joint, but no other positive findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**right sacroiliac (SI) joint radiofrequency rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**Decision rationale:** The California MTUS guidelines are silent on this issue. When looking at Official Disability Guidelines criteria, the role of radiofrequency rhizotomy to the sacroiliac joint cannot be supported. Official Disability Guidelines criteria in regard to radiofrequency neurotomy of the SI joint states that the procedure itself is not recommended. It indicates that recent research showed a randomized clinical trial that showed short term or intermittent pain relief, but no evidence of longstanding relief to sustain its use or justify its course in the chronic pain setting. The specific request in this case would not be indicated as necessary.