

<b>Case Number:</b>	CM13-0038734		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Interventional Spine 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:

This patient is a 56 year old male with date of injury of 04/02/2004. Per [REDACTED] report 09/24/2013 there are 17 lists of diagnoses including right sacroiliac joint pain, chondral defect of the femoral condyle, chronic right knee pain with internal derangement, bilateral lumbar facet joint pain, lumbar disk protrusions with stenosis, chronic low back pain, left hip mild degenerative joint disease, and shoulder pain with history of rotator cuff repair. The patient's presenting symptoms are low back pain with radiation to the bilateral buttocks and this report was a medical legal report to appeal the denial of the requested radiofrequency nerve ablation of the SI joints. Examination showed tenderness upon palpation of the lumbar paraspinal muscles overlying the right L2 to L5 facet joints. Extension was worse than flexion, lumbar facet joint, SI joint, right knee provocative maneuvers are positive including Patrick's, tenderness over the sacral sulcus, Gaenslen's were positive on the right side. For rationale, he listed a number of different randomized placebo-controlled studies evaluating lateral branch RF denervation for SI joint pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically Guided Right Sacroiliac Joint Radiofrequency Nerve Ablation (neurotomy/rhizotomy): 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).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) have the following regarding RF ablation of SI joints

**Decision rationale:** This patient presents with chronic bilateral low back pain. The treating physician has recommended fluoroscopically guided right SI joint RF ablation. He listed a number of different articles for his rationale. MTUS and ACOEM Guidelines do not discuss radiofrequency ablation treatments of the SI joint. However, ODG Guidelines states "not recommended". It further states that there are several different ways to perform RF ablation of the SI joints, but that the use of all of these techniques have been questioned in part due to the fact that the innervation of the SI joint remains unclear. "A recent review of this innervation in a journal sponsored by the American Society of the Interventional Pain Physicians found that the evidence was limited for this procedure." Given the lack of support from the ODG Guidelines, the requested radiofrequency ablation of the SI joint is recommended for denial.