

<b>Case Number:</b>	CM13-0039802		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	10/31/2008
<b>Decision Date:</b>	03/04/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 & 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:

The patient is 44-year-old female with date of injury on 10/13/2008. Progress report dated 10/10/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Positive diagnostic right sacroiliac injection, (2) Right sacroiliac joint pain, (3) Lumbar facet joint arthropathy, (4) Left L4-L5 facet joint cyst without nerve impingement, (5) Facet joint hypertrophy at L4-L5 and L5-S1, (6) Central disk bulge at L5-S1, (7) Borderline diabetes mellitus, (8) Asthma. The patient continues with bilateral low back pain, right worse than left, radiating to the right buttock. It was noted that the patient's sacroiliac joint radiofrequency nerve ablation was denied again. Physical exam findings include tenderness upon palpation in the lumbar paraspinal muscles overlying the bilateral L3 through S1 facet joints. There is tenderness upon right sacroiliac joint. Lumbar range of motion was restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar facet joint provocative maneuvers were positive. Nerve root tension signs were negative bilaterally. Right sacroiliac joint provocative maneuvers, Patrick's and Gaenslen's are positive. The utilization review letter dated September 2013 issued a non-certification of the requested sacroiliac joint nerve ablation.

### 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:** 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 & Pelvis Procedure.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The Physician Reviewer's decision rationale: The patient continues with low back pain including right-sided sacroiliac joint pain. The patient has undergone previous right sacroiliac joint injection, the most recent one dated 07/19/2013. A request was made for right-sided sacroiliac joint radiofrequency nerve ablation. MTUS is silent on sacroiliac joint radiofrequency neurotomies; therefore, ODG Guidelines were reviewed. ODG does not recommend sacroiliac joint radiofrequency neurotomies. ODG Guidelines does support repeat sacroiliac joint blocks up to 4 times a year provided that at least greater than 70% pain relief is obtained for 6 weeks. It is unclear by the records reviewed what level of relief the patient have received from prior sacroiliac joint injections. However, as radiofrequency ablation of the sacroiliac joint is not recommended, recommendation is for denial.