

<b>Case Number:</b>	CM13-0041649		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	09/10/2007
<b>Decision Date:</b>	02/26/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 and is licensed to practice in Illinois. 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 reported an injury on 09/10/2007. The mechanism of injury was stated to be the patient was noted to be lifting a cart with linen in it. The patient was noted to have tenderness upon palpation of the right sacroiliac joint. The patient was noted to have a positive Gaenslen's and Patrick's maneuver. The Yeoman's and pressure at the sacral sulcus were positive on the right. The nerve root tension signs were negative bilaterally. The patient was noted to have a positive diagnostic right sacroiliac joint injection which provided 80% relief in the right buttock and right sacroiliac joint after 30 minutes and lasted greater than 2 hours. The patient's diagnosis was noted to include right sacroiliac joint pain. The request was made for a radiofrequency ablation of the SI joint.

### 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:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326.

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

**Decision rationale:** Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies. The clinical documentation submitted for review indicated per the physician in appeal that the patient had a right sacroiliac joint injection that provided 80% relief of the right buttock and right sacroiliac joint pain after 30 minutes lasting greater than 2 hours. However, as a radiofrequency neurotomy is not recommended per Official Disability Guidelines, there was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) is not medically necessary.