

<b>Case Number:</b>	CM13-0058175		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/01/2008
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 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 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:

This patient is a 51-year-old male with date of injury 10/01/2008. Per the treating physician's report 10/08/2013, the patient presents with low back pain and SI joint dysfunction, stating that the patient has been able to return to work over time and perform his full duty. The patient received SI joint injection that had been very helpful with injection on 04/13/2012 that reduces pain by about 50%. The patient had a flare up a few months later, twisting, and flaring up his right lower back. He was then referred again for SI joint injection this time without much relief. The patient continues to complain of pain that radiates into his groin. Last MRI from 2008 showed mild degenerative disk disease, central canal stenosis, and facet arthrosis. He then had another SI joint injection by [REDACTED] on 08/13/2013 with pain from 8/10 to 4/10 but only lasting for one week. Listed diagnoses, low back pain, disorder of the sacrum with exacerbation. Plan was for a new MRI of the lumbar spine, and "In light of the MRI findings and the patient's symptoms, I am recommending a 2-level RFA." The patient was given Toradol 60 mg deep IM to his right gluteus muscle. Under spine intervention, he states "I recommend a 1-level radiofrequency ablation at L3-L4 and L4-L5 to be done by [REDACTED]." There is a report of lumbar MRI from 09/28/2013 that reads minimal disk bulges at L1-L2 mild to moderate at L3-L4, mild at L4-L5, minimal at L5-S1, neural foraminal encroachment minimally bilaterally at L1-L2-L3, mild facet and moderate right at L3-L4 and L4-L5, minimal disk bulge at L5-S1. There appears to be minimal facet joint changes at multiple levels at L1 to S1. The 10/30/2013 report states, "We received authorization for [REDACTED] to perform the RFA. He was pending scheduling." The 02/13/2014 report by treating physician states that the patient did consult with [REDACTED] to perform RFA of the facet joints at L3-L4 but consultation with [REDACTED] opined that the problematic area was not in the facet joints but the right SI joint. He was requesting authorization to perform right SI joint RFA but this was denied.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **RIGHT SI JOINT RADIOFREQUENCY UNDER FLUOROSCOPY: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG GUIDELINES HIP AND PELVIS SECTION

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) REGARDING RADIOFREQUENCY ABLATION FOR SI JOINTS

**Decision rationale:** This patient presents with chronic low back with multilevel degenerative disk changes. There is a request for right SI joint radiofrequency on the fluoroscopy. Although reports are not provided, this request may have been generated by [REDACTED] who evaluated the patient around December of 2013, was referred for RF ablation of the facet joints as requested by [REDACTED] but after evaluation recommended right SI joint RF ablation. The utilization reviewer also reviewed for right SI joint RF ablation under fluoroscopy per letter 11/20/2013. There is a request for authorization dated 11/13/2013 signed by [REDACTED] for "right SI joint radiofrequency under fluoroscopy x1 to be done at [REDACTED]." MTUS and ACOEM Guidelines do not discuss SI joint RF ablation. However, ODG guidelines states "not recommended." Multiple techniques were currently "not recommended." It further states that there are multiple ways to perform this procedure but "the use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. It further states that a review by American Society of Interventional Pain Physician found that the evidence was limited for this procedure. ODG Guidelines concludes by stating "larger studies were needed to confirm these results and to determine the optimal candidate and treatment parameters for this poorly understood disorder." Given the lack of support from ODG Guidelines and the fact that it is not recommended, recommendation is for denial. It should also be noted that this patient has had mixed results with SI joint injection. The treating physician mentions in his report, 10/08/2013, that the patient has had 3 SI joint injections with the first injection providing 50% reduction of pain lasting several months, second one not helping at all, and third one providing 50% reduction for 1 week only. This type of unpredictable response to the injections are classic placebo response and should be taken into account. It is unlikely that the patient suffers from SI joint syndrome. Recommendation is for denial.