

<b>Case Number:</b>	CM13-0058617		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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, 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 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 39-year-old female with date of injury of 06/24/2010. Per treating physicians report 09/18/2013, the patient presents with right-sided lower back pain. The patient had RF neurotomy of the right SI joint on 01/18/2013 and had noticeable improvement of pain in that region. However, the patient still has lumbar pain radiating down the posterior thigh and also lateral leg, and recent worsening numbness and shooting pain down her posterior right thigh, which she did not have before. She underwent right L5 and S1 transforaminal epidural steroid injection on 08/21/2013. Had immediate post procedure reduction of right lower extremity and gratified by the response thus far. Listed diagnoses are Sacroilitis and medications were prescribed. There is an RFA dated 10/11/2013 for repeat RF neurotomy, right SI joint. Progress report from 10/11/2013 lists the same diagnosis, but does not discuss the request in detail, but under chief complaints, he states that the UR denied the request for repeat RF neurotomy for SI joint because the last RF neurotomy only provided 7 months of pain relief and lack of proven efficacy of the procedure. The treating physician states, "We submit that efficacy in this patient is established and 7 months of relief of chronic pain is significant."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**REPEAT OF THE RIGHT SACROILIAC JOINT RADIOFREQUENCY NEUROTOMY FOR THE DORSAL RAMUS NERVES OF RIGHT L5, S1, S2, AND S3 USING THE SIMPLICITY III PROBE TO BE AT [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** This patient presents with chronic low back pain particularly the right side with radiation down the lower extremity. There is a request for RF ablation of the right SI joint. The patient apparently had the procedure performed in January of 2013 with significant reduction of pain. However, review of the reports does not show that patient had significant reduction. There is a description of right side localized pain reduction, but increased pain elsewhere. This is a classic placebo response where pain experienced by the patient changes following the procedure. More importantly, ODG Guidelines regarding RF ablation of the SI joints states "not recommended." It states, "A recent review of an intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure." The guidelines do not support radiofrequency ablation of the SI joints. Recommendation is for denial.