

<b>Case Number:</b>	CM14-0111250		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	09/17/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	06/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2014

### 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 Neurological Surgery, 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:

The records presented for review indicate that this 55-year-old gentleman was reportedly injured on September 17, 2013. The most recent progress note, dated July 6, 2014, indicates that there were ongoing complaints of low back pain. Current medications include Metformin and Norco. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles and facet joints from L3 through S1. There was decreased lumbar spine range of motion and negative nerve root tension signs. There was a positive Gaenslen's sign, Patrick sign, and Yeoman's sign. There was tenderness with left-sided SI joint compression. Diagnostic imaging studies of the lumbar spine revealed central canal stenosis from L2 through S1 with disc bulges and osteophytes. There was stated to be pressure on both the L5 and S1 nerve roots. Previous treatment includes physical therapy and oral medications. A request had been made for a radiofrequency nerve ablation at the left sacroiliac joint and, was not certified in the pre-authorization process on June 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radio frequency ablation left sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Sacroiliac Joint Radiofrequency Neurotomy.

**Decision rationale:** According to the Official Disability Guidelines the practice of sacroiliac joint radiofrequency neurotomy is not recommended. It is stated that larger studies are needed to confirm the benefit of this procedure. As such, this request for a radiofrequency nerve ablation of the left sacroiliac joint is not medically necessary.