

<b>Case Number:</b>	CM14-0167296		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Orthopedic Spine Surgeon and is licensed to practice in New York. 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 case involves a date of injury of August 2, 2007. There is a history of injury to the lumbosacral spine and sacroiliac joint. The patient has had L4-S1 laminectomy and a posterior fusion from L3-S1. The patient continues to have sacroiliac joint pain. At issue is whether sacroiliac joint radiofrequency ablation is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiofrequency ablation of the 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 (ODG)

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

**Decision rationale:** Official Disability Guidelines (ODG) does not support radiofrequency ablation of the SI joint. This procedure remains experimental and there is no decent peer review literature discussing the utility and long-term outcomes of this procedure. In addition, safety and efficacy procedure remain unknown. SI joint radiofrequency ablation therapy remains

experimental as well as is not supported by current guidelines and current medical literature. The procedure remains experimental; therefore, is not medically necessary.