

<b>Case Number:</b>	CM14-0182058		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	07/28/1993
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 Occupational Medicine 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 claimant was injured on various dates due to cumulative trauma from 06/89-07/28/93. A follow-up visit with [REDACTED] for Sacroiliac Rhizotomy is under review. The claimant has had low back pain with lower extremity radicular symptoms. She saw a provider on 08/20/14 and was awaiting authorization for an SI joint injection. She had tenderness of the left superior iliac crest, left sciatic notch, and left sacroiliac joint. Abduction and external rotation were grossly positive. She had a positive Patrick's test for sacroiliac joint dysfunction. Her diagnosis is post lumbar laminectomy syndrome. An MRI of the lumbar spine on 04/15/13 showed postlaminectomy changes at the L5-S1 level. There was no canal stenosis and no neural foraminal narrowing. There were several disc bulges. On 07/14/14, she had a pain management evaluation. She had constant low back pain and it radiated to the bilateral lower extremities, left greater than right. It was increased with her activities and was level 3-9/10. She has had extensive treatment. She is status post 3 surgeries of the lumbar spine. She has chronic sacroiliitis on the left side greater than the right with postlaminectomy syndrome. Sacroiliac joint injections in the past gave approximately 3-4 months of pain relief and the last procedure was ten months before. She was most symptomatic on the left side and a sacroiliac joint radiofrequency rhizotomy was recommended. Physical examination revealed trigger points palpated in the left greater than the right buttock. She had pain to palpation over the SI joints, left greater than right. Patrick's test was positive bilaterally. There is no mention of a current exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow Up with [REDACTED] for Sacroiliac Rhizotomy: 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) Sacroiliac Joint Radiofrequency Neurotomy

**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

**Decision rationale:** The history and documentation do not objectively support the request for a visit with [REDACTED] for a left sided sacroiliac joint rhizotomy. The MTUS do not address this procedure for chronic low back pain. The ODG state it is "not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes; (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy; (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. 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. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure." In addition, there is no evidence that the claimant has been involved in an ongoing exercise program as would be expected prior to any injection therapy. The medical necessity of this request has not been clearly demonstrated; therefore, the request is not medically necessary.