

<b>Case Number:</b>	CM14-0046627		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/29/1998
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Surgery 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:

The patient is a 79-year-old male with chronic low back and neck pain. The patient had radiofrequency ablation in the past that reduced pain. The patient has a spinal cord stimulator that helps of leg and back pain. The patient takes multiple medications to include narcotics. Conservative measures include home exercises. The patient continues to have chronic low back pain with right sacroiliac (SI) joint pain. The patient complains of pain in the SI joints. The patient had previous lumbar fusion from T12-S1. He continues to have chronic pain. The physical examination the medical records does not document any new neurologic changes. The patient walks with a walker. No examination of the SI joints is present in the medical records. At issue is whether repeat SI joint ablation is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right sacroiliac joint reablation at S1,2,3, levels:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG Low back chapter.

**Decision rationale:** This patient does not meet establish criteria for repeat SI joint ablation. The patient has had multiple lumbar fusion surgeries and has a spinal cord stimulator. The medical records do not document any physical exam demonstrating painful SI joints or any provocative maneuvers that are positive in the SI joints. The criteria for repeat SI joint ablation not met. Repeat SI joint ablation not medically necessary.