

<b>Case Number:</b>	CM14-0070267		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 53-year-old male who reported an injury on 10/03/2011. The mechanism of injury was noted to be stumbling up the stairs. The injured worker's diagnoses were noted to be lumbar/lumbosacral disc degeneration, cervical disc degeneration, lumbar disc displacement, sprain of the calcaneofibular, renal colic, sprain of the lumbar region, lumbago, and thoracic disc degeneration. The injured worker's prior treatments were noted to be physical therapy, medications, and injections. The injured worker had pertinent diagnostics of x-rays, bone scan, and CT scan. The injured worker had left sacroiliac joint radiofrequency ablation on 05/19/2014, bilateral T9 and T10 medial branch blocks and bilateral sacroiliac joint injections on 04/17/2014, and a bilateral sacroiliac joint injection and trigger point injection of thoracic paraspinal muscles. The injured worker had an evaluation on 02/20/2014 with complaints of back pain that radiated into the right testicle. Pain was rated at 8/10 in the low back. It was described as constant, burning, and aching. The evaluation noted the injured worker was awake and alert. He could walk on heels and toes. He had tenderness over the SI joints bilaterally. He had positive right Patrick's test. Sensory, motor, and reflexes of the lower extremities were all intact. The injured worker was noted to have used Norco. The treatment plan included a transcutaneous electrical nerve stimulation unit re-evaluation and a followup for thoracic and lumbar CT. The provider's rationale for the request was not submitted with the last clinical note available for review. The request for authorization for medical treatment for the request was dated 04/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient radio-frequency sacroiliac joint injection with monitor sedation:** 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, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The request for outpatient radiofrequency sacroiliac joint injection with monitor sedation is not medically necessary. The Official Disability Guidelines do not recommend a sacroiliac joint radiofrequency neurotomy. Multiple techniques are currently described including a bipolar system using radiofrequency probes; a sensory stimulated and guided sacral lateral branch radiofrequency neurotomy; a lateral branch block; a pulsed radiofrequency denervation of the medial branch of L4, the posterior rami of L5, and lateral branches of S1 and S2. There is controversy over the correct technique for a radiofrequency denervation. While several small randomly controlled trials have preliminary evidence, larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. According to the documentation submitted for review, a left and right sacroiliac radiofrequency neurotomy has been provided to the injured worker. It is not noted why after 2 neurotomies 1 left and 1 right in May, a request would be warranted so soon without documentation to support the efficacy of those procedures. In addition, the Official Disability Guidelines do not recommend sacroiliac joint radiofrequency neurotomies. The provider's request fails to indicate efficacy of the left and right procedures provided to the injured worker in May. Therefore, the request for outpatient radiofrequency sacroiliac joint injection with moderate sedation is not medically necessary.