

<b>Case Number:</b>	CM14-0074610		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/31/2013
<b>Decision Date:</b>	08/14/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 34 year old male whose date of injury is 07/31/2013. The mechanism of injury is not described. A progress report dated 04/09/14 indicates that the injured worker complains of right low back pain and right buttock pain. The injured worker underwent right sacroiliac joint injection on 04/04/14 and reported 100% improvement for greater than 2 hours. The injured worker is not taking any medications. On physical examination lumbar range of motion is restricted in all planes. Gaenslen's and Yeoman's are positive on the right. Impression/differential diagnosis notes status post sacroiliac joint injection, right sacroiliitis, right sacroiliac joint pain, L3-4 and L4-5 broad based disc protrusion, lumbar facet joint arthropathy, lumbar degenerative disc disease, lumbar stenosis, cervical disc protrusion, cervical facet joint pain and cervical stenosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically-Guided Right Sacroiliac Joint Radiofrequency Nerve Ablation (Neurotomy/Rhizotomy): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ASIPP, Pain Physician 2005, 8:115-125; 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) Hip and Pelvis Chapter, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The Official Disability Guidelines note that this procedure is not recommended. Larger studies are needed to confirm results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Additionally, the injured worker reported only 2 hours of pain relief after sacroiliac joint injection was performed on 04/04/14. Based on the clinical information provided, the request for fluoroscopically guided right sacroiliac joint radiofrequency nerve ablation (neurotomy/rhizotomy) is not recommended as medically necessary.