

<b>Case Number:</b>	CM14-0083830		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/01/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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:

This is a 40 year old male with a 10/1/2013 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/28/14 noted subjective complaints of 8/10 low back pain radiating to the leg, with numbness and tingling, associated with muscle spasms. Objective findings included tenderness at L4-L5 and L5-S1. Palpation over right SI joint reproduced sharp shooting pain down the posterior and lateral aspect of the right thigh. There was positive Patricks Test, gaenslen's sign, and positive sciatic tenderness. Motor strength in the lower extremities bilaterally was 4/5. DTRs lower extremities symmetric and intact. The patient was recommended right SI joint injection under fluoro, right lumbar ESI at L4-L5 and L5-S1 by the provider. Lumbar MRI on 4/28/14 noted bilateral neural foraminal narrowing at L5-S1 with bilateral exiting nerve root compromise. Diagnostic Impression: lumbar disc herniation, lumbar radiculopathy, sacroiliitis of the right sacroiliac joint. Treatment to Date: medication management, physical therapy, chiropractic care. A UR decision dated 5/15/14 denied the request for right SI joint injection, Fluoro RFA 5-8-14. Diagnostic evaluation includes other possible pain generators.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right SI Joint Injection RFA 5-8-14: 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): Low Back, Sacroiliac Joint Injections; Hip & Pelvis Sacroiliac Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter.

**Decision rationale:** CA MTUS states that sacroiliac joint injections are of questionable merit. In addition, ODG criteria for SI joint injections include clinical sacroiliac joint dysfunction, failure of at least 4-6 weeks of aggressive conservative therapy, and the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings. However, ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation. Furthermore, guidelines state that for SI injections, the diagnostic evaluation must first address any other possible pain generators. There is both physical exam findings and MRI evidence of L5-S1 radiculopathy, which is very likely a primary contributor to the patient's pain. Therefore, the request for right SI joint injection RFA 5-8-14 is not medically necessary.

**Fluoro RFA 5-8-14:** 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): Low Back, Sacroiliac Joint Injections; Hip & Pelvis Sacroiliac Joint Blocks.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286-326. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hip and pelvis chapter.

**Decision rationale:** CA MTUS states that RFA of dorsal root ganglia for chronic sciatica is not recommended. ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. There is no evidence to support the use of SI RFA. Therefore, the request for Fluoro RFA 5-8-14 is not medically necessary.