

<b>Case Number:</b>	CM14-0195322		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	10/26/2011
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47y/o female injured worker with date of injury 10/26/11 with related low back pain. Per progress report dated 10/31/14, physical exam revealed antalgic gait, positive FABER's, sacroiliac joint compression and Stork tests bilaterally. Motor strength was 5/5 in the bilateral lower extremities. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included trigger point injection, epidural steroid injection, sacroiliac joint injection, and medication management. The date of UR decision was 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Platelet rich plasma injection (bilateral SI joint) qty 1.00:** 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 and Pelvis, Platelet-Rich Plasma.

**Decision rationale:** The MTUS is silent on the use of platelet rich plasma injection. The ODG guidelines are silent on the use of platelet rich plasma injections directed toward the sacroiliac joint. Per the ODG guidelines regarding the hip: Under study. For OA of the hip, this preliminary non-controlled prospective study supported the safety, tolerability and efficacy of PRP injections for pain relief and improved function in a limited number of patients. Each joint received three IA injections of PRP, which were administered once a week. 40% of the patients were classified as excellent responders who showed an early pain reduction at 6-7 weeks, which was sustained at 6 months, and a parallel reduction of disability. (Sanchez, 2012) Little has been published regarding the use of platelet-rich plasma during total hip arthroplasty. This study concluded that the use of platelet-rich plasma does not appear to have a role in total hip arthroplasty. As the guidelines do not recommend PRP injection of the sacroiliac joint, medical necessity cannot be affirmed.

**Bilateral SI joint denervation qty: 1.00:** 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 and Pelvis, Sacroiliac Joint Radiofrequency Neurotomy

**Decision rationale:** The MTUS is silent on the use of sacroiliac joint denervation. Per ODG TWC with regard to sacroiliac joint radiofrequency neurotomy: "Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 5.7 weeks. 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. (Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac joint blocks. It is noted that the documentation submitted for review indicated that the injured worker underwent a sacroiliac joint injection on 9/26/12 which reduced her pain 35% for six months. Per progress note dated 10/31/14, the injured worker had complete resolution of her back pain after SI joint injections on 9/4/14; benefit lasted for about 5 weeks. However, there was no documentation of a diagnostic block to predict the success of radiofrequency neurotomy. Furthermore, the guidelines do not recommend the procedure. As such, medical necessity cannot be affirmed.

