

<b>Case Number:</b>	CM15-0001059		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 57 year old female who sustained an industrial injury on 5/25/12. The injured worker reported symptoms in the back. The diagnoses included status post positive diagnostic right sacroiliac joint injection, right sacroiliac joint pain, status post L4-L5 decompression, lumbar post-laminectomy syndrome, status post fluoroscopically guided bilateral L3-L4, bilateral L4-L5 and bilateral L5-S1 facet joint radiofrequency nerve ablation, bilateral lumbar facet joint pain L3-L4, L4-L5, L5-S1, lumbar facet joint arthropathy, chronic low back pain and lumbar decompression L4-S1. Treatments to date have included oral pain medications, sacroiliac joint injection, epidural injections, and medial branch blocks. PR2 dated 12/17/14 noted the injured worker presents with "bilateral low back pain, right worse than left...pain of 5/10" the treating physician is requesting right sacroiliac joint radiofrequency nerve ablation, fluoroscopy guidance and moderate sedation. On 12/26/14, Utilization Review non-certified a request for right sacroiliac joint radiofrequency nerve ablation, fluoroscopy guidance and moderate sedation. The Official Disability Guide was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopy Guided Right Sacroiliac Joint Radiofrequency Nerve Ablation:** 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)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), Sacroiliac joint radiofrequency neurotomy (<http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjoinradiofrequencyneurotomy>)

**Decision rationale:** MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, 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 percent 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. There is no documentation of failed conservative treatment for at least 4 weeks for this patient. There is no clear and recent documentation that the SI joint is the main pain generator.

**Fluoroscopy guidance per RFA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Moderate Sedation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.