

<b>Case Number:</b>	CM15-0135474		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	12/31/2010
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	07/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 34-year-old male with an industrial injury dated 12/31/10, relative to a motor vehicle accident. He underwent bilateral sacroiliac joint rhizotomy done on 10/19/14. Records documented grade 6/10 pain reducing to 1/10 with Norco on 9/18/14, pain grade 7/10 reducing to 2/10 with Norco on 10/23/14, and grade 4/10 reducing to 1/10 with Norco on 1/6/15 and 3/2/15. The 6/26/15 treating physician report cited grade 5/10 low back and sacroiliac joint pain that reduced to 1/10 with medications. The injured worker was continuing to work full time. The AME reportedly supported continued rhizotomies as they had provided adequate pain relief. The injured worker had bilateral sacroiliac radiofrequency ablation about 10 months ago and usually had 6 months of relief by 80% or better. This allowed him to drive, lift, bend, and keep working full time. He reported that he slept better and was able to take over 50% less of his usual pain medications. Pain was controlled with Norco, Naproxen and omeprazole, with over 75% pain relief. He did not need the Norco every day. Physical exam documented full lumbar range of motion, 5/5 lower extremity strength, and intact reflexes and strength. There was left greater than right sacroiliac joint tenderness. Patrick's and Gaenslen's maneuvers were deferred. Authorization was requested for radiofrequency ablation at bilateral sacroiliac joint and sacroiliac joint belt. The 7/6/15 utilization review non-certified the request for bilateral sacroiliac joint radiofrequency ablation based on an absence of guideline support. The request for a sacroiliac joint belt was non-certified as lumbar or lumbosacral supports were not recommended in the absence of instability or fractures.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Sacroiliac joint belt:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar Supports.

**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 support belt.

**Decision rationale:** The Official Disability Guidelines state that a sacroiliac support belt is recommended as an option in the conservative treatment of sacroiliac joint dysfunction. The use of a sacroiliac support belt for this injured worker is reasonable and consistent with guidelines. Therefore, this request is medically necessary.

**Radiofrequency ablation at bilateral sacroiliac joint:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac radiofrequency neurotomy.

**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 California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. 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. This injured worker presents with low back and sacroiliac joint pain that reduces from grade 5/10 to 1/10 with Norco. Records indicate that he was not taking Norco on a daily basis. Physical exam documented sacroiliac joint tenderness but provocative testing was not performed. Prior radiofrequency ablation was reported on 10/19/14 with 80% benefit for at least 6 months. There is no evidence of medication failure or that exercise is part of this injured worker's treatment regime. Guidelines do not recommend sacroiliac joint radiofrequency ablation. Therefore, this request is not medically necessary.