

<b>Case Number:</b>	CM15-0185942		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: 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:

The injured worker is a 57 year old male who sustained an industrial injury on 4-2-04. The injured worker reported bilateral lumbar back pain. A review of the medical records indicates that the injured worker is undergoing treatments for right sacroiliac joint pain, right knee pain, right knee internal derangement, bilateral lumbar facet joint arthropathy, lumbar disc protrusion, lumbar stenosis, lumbar sprain strain left hip mild degenerative joint disease Medical records dated 5-14-15 indicate pain rated at 6 out of 10. Provider documentation dated 5-14-15 noted the work status as permanent and stationary. Treatment has included left shoulder magnetic resonance imaging (7-19-14), Ambien since at least July of 2014, Ibuprofen since at least July of 2014, Norco since at least July of 2014, status post bilateral shoulder surgery, right knee magnetic resonance imaging (8-10-15), and right knee injections. Objective findings dated 5-14-15 were notable for restricted lumbar and right knee range of motion, tenderness to palpation to lumbar paraspinal muscles at right L2 to L5 facet joints. The original utilization review (8-24-15) denied a request for fluoroscopically guided right sacroiliac joint cooled radiofrequency nerve ablation neurotomy - rhizotomy.

### 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 cooled radiofrequency nerve ablation neurotomy/rhizotomy: 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, Sacroiliac Joint Radiofrequency Neurotomy.

**Decision rationale:** The MTUS is silent on sacroiliac joint rhizotomy. Per the ODG guidelines with regard to sacroiliac radiofrequency neurotomy: Not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of SI joint denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening. Cooled Radiofrequency Neurotomy: Cooled radiofrequency neurotomy has been suggested as it creates larger lesions (8 times greater volume than traditional ablations) to overcome the anatomic variability of the lateral branches and potentially produce a better outcome as compared to a traditional radiofrequency neurotomy. (Cheng, 2013) As the requested procedure is not recommended, the request is not medically necessary.