

<b>Case Number:</b>	CM15-0058191		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	02/06/2007
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Minnesota, Florida  
 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 02/06/2007 reporting low back pain as a result tripping on a strap. On provider visit dated 02/17/2015 the injured worker has reported chronic back, hip and pelvic pain. On examination he was noted to have a positive Patrick's maneuver for tight SI joint and positive Ober exam IT tightness. Tenderness to palpation of the right SI joint was noted. Mild tenderness over the right gluteus medius insertion on the greater trochanter was noted as well. The diagnoses have included pain in joint pelvis and thigh and lumbar disc displacement without myelopathy. Treatment to date has included SI joint injections with about 50% reduction in back pain noted and 85% reduction in radiating pain the groin and area, medication, MRI of right hip, and lumbar microdiscectomy in 2012. The provider requested SI joint nerve ablation procedure due to positive results in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SI Joint Nerve Ablation Procedure:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, Hip & Pelvis (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and pelvis: Topic: Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** Sacroiliac joint radiofrequency neurotomy is not recommended by ODG guidelines. The innervation of the sacroiliac joint remains unclear and there is controversy over the correct technique for radiofrequency denervation. The guidelines indicate evidence was limited for this procedure in a recent review. As such, the request for sacroiliac joint radiofrequency neurotomy is not supported by evidence-based guidelines and thus is not medically necessary.