

<b>Case Number:</b>	CM14-0143001		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 is a 66 year old female with a 4/6/12 date of injury. The mechanism of injury was not provided. In a follow-up on 7/8/14, subjective complaints included lumbar spine pain with radiation to the left leg with slight numbness and tingling. She reports feeling 80% better after a left sacroiliac joint injection on 6/20/14; she is now able to walk, sit, and stand for longer periods. Objective findings include antalgic gait to the right, exacerbated heel-toe walk to the left, diffuse tenderness over the lumbar paraspinal muscles, mild facet tenderness over the L4-S1 levels, and positive SI joint tests on the left side including SI joint tenderness, Fabere's, thrust test, and Yeoman's test. There were no motor/sensory/reflex abnormalities. There were no recent imaging studies reported. Diagnostic impression: lumbar disc disease, lumbar radiculopathy. Treatment to date: left SI joint injection (6/20/14) with 80% relief, physical therapy, chiropractic care, medications, rest, home exercise. A UR decision on 8/14/14 denied the requests for left sacroiliac joint rhizotomy and neurolysis on the basis that a formal plan of additional evidence-based conservative care was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Sacroiliac Joint 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

**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 Chapter.

**Decision rationale:** CA MTUS does not address this issue. However, ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. On the basis of the limited medical evidence in support of this procedure, it cannot be deemed medically necessary. Therefore, the request for left sacroiliac joint rhizotomy is not medically necessary.

**Neurolysis:** 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 Chapter.

**Decision rationale:** CA MTUS does not address this issue. However, ODG states that sacroiliac Joint radiofrequency neurotomy is not recommended; the use of RFA has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear; and there is controversy over the correct technique for radiofrequency denervation; with larger studies needed to determine the optimal candidates and treatment parameters for this poorly understood disorder. On the basis of the limited medical evidence in support of this procedure, it cannot be deemed medically necessary. Therefore, the request for neurolysis is not medically necessary.