Case Number:	CM14-0179082		
Date Assigned:	11/03/2014	**Date of Injury:**	10/22/2013
Decision Date:	12/09/2014	**UR Denial Date:**	10/22/2014
Priority:	Standard	**Application Received:**	10/28/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 51-year-old woman who sustained a work-related injury on October 22, 2013. Subsequently, she developed chronic low back pain. According to the progress report dated August 21, 2014, the patient complained of low back pain and bilateral buttock pain. She rated her pain as an 8/10. The patient is status post bilateral sacroiliac joint injection # 1 performed on July 31, 2014, with good relief. The patient still has back spasms that are worse with bending, stooping, and heavy lifting. Her physical examination revealed multiple tender points and trigger points. Range of motion was reduced by pain: There was reduced sensation, right L5-S1 dermatome, to light touch and pinprick. Patrick's was positive bilaterally. Gaenslen test was positive bilaterally. Sacroiliac joint distraction test was positive bilaterally. Straight leg raise was positive on the right. The patient was diagnosed with bilateral sacroiliac joint dysfunction and lumbosacral radiculitis/radiculopathy. The provider requested authorization for bilateral sacroiliac (SI) joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac (SI) joint injection: 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), Hip and Pelvis Chapter

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 (Acute and Chronic), Sacroiliac joint radiofrequency neurotomy (http://worklossdatainstitute.verioiponly.com/odgtwc/hip.htm#Sacroiliacjointradiofrequencyneurotomy)

Decision rationale: MTUS guidelines are silent regarding sacroiliac denervation. According to ODG guidelines, Sacroiliac joint radiofrequency neurotomy is 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); and (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 greater than 50% 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 this patient. Therefore, the request for bilateral sacroiliac joint injection is not medically necessary.