

<b>Case Number:</b>	CM14-0098909		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Family Medicine 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 28 year old male who reported an industrial injury to the back on 2/2/2010, over 4 years ago, attributed to the performance of his customary job tasks. He was treated conservatively. He complains of continued sacroiliac joint (SI) pain and was noted to have undergone a right knee surgical procedure on 5/30/2014 and had been off of his knee for 12 weeks. He reported stopping all medications and was not using any medications postoperatively. The objective findings on examination included pain with range of motion of the lumbar spine; tenderness at the midline from L5-S1 and over the bilateral SI joints, left greater than right; strength 5/5. The patient underwent a medial branch block for the SI joint on 10/29/2013, which provided relief of his SI pain. He was diagnosed with disorder of the sacrum, disc displacement and a lesion of the sacral region. Pain management recommended that he undergo SI joint rhizotomy bilaterally.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac Joint Radiofrequency Rhizotomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Occupational Medicine Practice guidelines Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and Pelvis Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section hip and pelvis chapter-SI joint radiofrequency neurotomy.

**Decision rationale:** There are no recommendations by evidence-based guidelines for the use of RFA to the SI joint for the treatment of SI joint pain. The patient is noted to have received an injection to the bilateral SI joints, which resulted in temporary relief of the reported symptoms. The objective findings on examination are limited to tenderness to the SI joint. The patient was documented to receive some relief with a corticosteroid injection to the bilateral SI joints. The ODG does not recommend SI joint radiofrequency ablation for the treatment of SI joint pain. There is no substantial evidence to support medical necessity. The requested procedure is not consistent with the recommendations of the national medical community for the treatment of SI pain. There was no rationale supported with objective evidence provided by the requesting provider to support the medical necessity of the requested SI joint radiofrequency ablation. Therefore, the request for bilateral sacroiliac joint radiofrequency rhizotomy is not considered medically necessary.