

<b>Case Number:</b>	CM14-0212883		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 8, 2008. On December 3, 2014, the applicant's treating provider appealed previously denied SI joint radiofrequency ablation therapy. The attending provider stated that he believed that the earlier radiofrequency ablation procedure had ameliorated the applicant's issues with anxiety and depression. The applicant's work status and functional status were not stated. It was suggested that the applicant was still using Dilaudid. In a handwritten note dated November 7, 2014, the applicant reported ongoing issues with depression and frustration. The applicant was unable to engage fully in her holiday preparation. On November 21, 2014, the applicant reported 7-8/10 pain. The applicant reported that she was having difficulty coping with her pain and was still using a variety of pain medications, the names of which were not clearly stated. The applicant's work status, once again, was not clearly stated. On June 5, 2014, the applicant reported persistent complaints of neck and arm pain as well as low back and left leg pain. The applicant requested a repeat radiofrequency SI joint injection. The applicant was obese, with a BMI of 35. The applicant was asked to continue Dilaudid and Exalgo for pain relief. The applicant was also using Nuvigil.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat radiofrequency ablation of the bilateral SI joints: 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), Sacroiliac Radiofrequency Neurotomy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Sacroiliac Joint Injections section.

**Decision rationale:** The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines note that sacroiliac joint injections are not recommended in the radicular pain syndrome context present here. Here, the applicant's primary pain generator appears to be low back pain radiating to the legs, i.e., radicular low back pain, a diagnosis for which SI joint injections are not recommended, per ACOEM. Rather, ACOEM suggests reserving SI joint injections for applicants with some rheumatological proven arthropathy implicating the SI joints. Here, however, there was/is no evidence that the applicant carried a diagnosis of rheumatological proven sacroiliac spondyloarthropathy. It is further noted that the applicant has already had at least one set of sacroiliac joint radiofrequency ablation procedures despite the unfavorable ACOEM position on the same and has, furthermore, failed to profit from the same. The applicant's work status has not been clearly reported, suggesting that the applicant is not working. The applicant remains dependent on various opioid agents such as Dilaudid and Exalgo. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite received at least one set of earlier sacroiliac joint radiofrequency ablation procedures. Therefore, the request for a repeat radiofrequency ablation procedures of the SI joints is not medically necessary.