

<b>Case Number:</b>	CM14-0035307		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	10/21/1996
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/21/2014

### 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: California, Indiana  
 Certification(s)/Specialty: Neurology

### 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 (IW) is a 58 year old male with a date of injury of 10/21/1996. There is no report of a mechanism of injury. The IW is status post lumbar fusion (date not provided) and has undergone two rhizotomies of the left sacroiliac joint. Per the progress notes provided from 11/12/2013, the IW reportedly had one rhizotomy performed (exact date not provided) that provided five months of relief. At that appointment, he reported the pain had returned and was rated as four out of ten. The IW had additional rhizotomy of the left sacroiliac joint performed on 12/27/13. The progress note following this additional procedure from 2/06/2014 reports the pain is actually increasing after this second procedure. The physical exam findings are significant only for tenderness over the left sacroiliac joint. The rest of the neurological examination is reported as normal. In addition to the rhizotomies, the IW has been prescribed both Percocet and Oxycontin for pain control. A previous request for an additional rhizotomy of the left sacroiliac joint has been denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Left SI Joint Rhizotomy, Anesthesia:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Sacroiliac joint radiofrequency neurotomy

**Decision rationale:** Per the recommendations contained in the Official Disability Guidelines, the technique of a sacroiliac (SI) joint rhizotomy or neurotomy is not recommended. The guide reports 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. In this case, the injured worker has already had this procedure performed and did not show improvement as a result. The request for a repeat left SI joint rhizotomy with anesthesia is not medically necessary.