

<b>Case Number:</b>	CM15-0019264		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 64 year old male, who sustained a work related injury on 11/24/09. The diagnoses have included left post laminotomy sacroiliitis and post lumbar laminotomy pain syndrome. Treatments to date have included MRI lumbar spine, left C4-5 and C5-6 medial branch radiofrequency rhizotomies under fluoroscopy on 11/14/14, left sacroiliac joint steroid injection on 11/19/14, oral medications and lumbar spine surgery. In the PR-2 dated 12/10/14, the injured worker complains of sacroiliitis symptoms. He was given a sacroiliac joint steroid injection on 11/19/14 and achieved 100% pain relief for one week. The pain is returning with tenderness to left upper buttock area and sacroiliac joint area. On 1/9/15, Utilization Review non-certified a request for a left SI joint rhizotomy. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI 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 (ODG) Hip & Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip Chapter, Sacroiliac joint radiofrequency neurotomy, pages 265-266

**Decision rationale:** Although MTUS is silent on this controversial procedure, per ODG, Sacroiliac joint radiofrequency neurotomy is not recommended as the use of all the techniques including pulsed radiofrequency denervation of the medial L4 branches, posterior L5 rami, and lateral branches of S1 and S2 has been questioned due to the fact that the innervation of the SI joint remains unclear. Controversy remains over the correct technique for radiofrequency denervation. Sponsored by the American Society of Interventional Pain Physicians, a recent review of this intervention in a journal found that the evidence was limited for this procedure and larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. Although the patient had received 100% relief, duration was only for one week, not meeting guidelines for minimum of 6 weeks duration. The Left SI joint Rhizotomy is not medically necessary and appropriate.