

<b>Case Number:</b>	CM15-0093887		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	08/10/2010
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 68-year-old female who sustained an industrial injury on 8/10/10, relative to a slip and fall. The 4/14/15 treating physician report cited grade 5/10 bilateral buttocks soreness. She underwent bilateral sacroiliac (SI) joint injections on 3/20/15 with immediate improvement of 60% and 80-90 improvement for the first week. She was able to bend and stoop with greater ease. She stopped taking tramadol for a week and was now only taking it intermittently. She still felt 60% improved. Physical exam documented diffuse lumbar paravertebral muscle tenderness and moderate facet tenderness at L4-S1. There was bilateral sacroiliac tenderness, and positive Fabere's Patrick, sacroiliac thrust, and Yeoman's tests. Kemp's and Farman's tests were also positive. Lumbar range of motion was moderately limited in extension. Lower extremity sensation, motor strength, and reflexes were within normal limits. The diagnosis was lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral hip bursitis and bilateral SI joint arthropathy. Authorization was requested for bilateral SI joint rhizotomy and a hot/cold unit for 30 days following the procedure. The 5/4/15 utilization review non-certified the request for bilateral sacroiliac joint rhizotomy and the associated hot/cold unit as guidelines do not recommend sacroiliac joint rhizotomy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral Sacroiliac 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 and Pelvis chapter, Sacroiliac joint radiofrequency neurotomy.

**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: Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for sacroiliac joint radiofrequency rhizotomy. The Official Disability Guidelines state that sacroiliac joint radiofrequency neurotomy is not recommended. Evidence is limited for this procedure and the use of all sacroiliac radiofrequency techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. 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. Given the absence of guideline support for this procedure, this request is not medically necessary.

**Associated Service: Hot/Cold Unit (for 30-days following the procedure): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.