

<b>Case Number:</b>	CM14-0142699		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	08/02/2007
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 General Surgery 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 59 year old female was injured 8/2/07. Conservative management failed and an L4-S1 laminectomy was done in 2008. This was of no benefit. Subsequently an anterior and posterior instrument infusion from, L3-S1 was done 9/2012 also of no benefit. Discography was done. Also of no benefit was a selective nerve root block at L2 7/2013. Electrodiagnostic studies of the lower extremities 10/9/13 reported right L5 degeneration. It was then decided that this was S1 joint pain. On 6/30/14 steroid/Maraine injections were done at the SI joints bilaterally. The patient had 100% relief for a single week. On that basis there is a request to do RF blocks of the sacroiliac joints. Of note is an MRI of the right hip which demonstrated a pseudocyst of the acetabulum and degenerative changes of the femoral head. Provocative testing of the sacroiliac joint has not been documented as to having been done. The request was for a Pain management consultation and RFA of the sacroiliac joints. The diagnosis is degenerated lumbar/lumbosacral intervertebral disc.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain Management Consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain-Consultation Page(s).

**Decision rationale:** The medical records provided to this reviewer have not established medical necessity for a second pain management consultation as that was just done 6/30/14 resulting in the sacroiliac joint nerve block discussed above. This request is not medically necessary at this time.

**Radiofrequency Ablation of the 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Hip and Pelvis (Acute and chronic) (Updated 11/12/10), Sacroiliac Joint Block, Sacroiliac joint radiofrequency neurotomy.

**Decision rationale:** Criteria for the use of sacroiliac blocks: 1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above). 2. Diagnostic evaluation must first address any other possible pain generators. 3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. 4. Blocks are performed under fluoroscopy. (Hansen, 2003) 5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed. 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period. 7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. 8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block. 9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year. Sacroiliac joint Radiofrequency neurotomy. The requested service is not medically necessary at this time.