

<b>Case Number:</b>	CM13-0002332		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	10/21/2003
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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 Orthopedic 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:

The patient is a 61-year-old who was injured in an October 21, 2003, work-related accident. A clinical assessment dated January 15, 2014, noted continued complaints of sacroiliac joint pain, as well as pain in the low back and bilateral hips. Physical examination showed a normal gait pattern with tenderness over the sacroiliac joint, piriformis musculature and greater trochanteric bursae. Lumbar examination showed tenderness to palpation. There were no documented neurologic deficits. Prior conservative treatment included medication management, as well as trochanteric bursal and sacroiliac joint injections. The most recent injection was performed on August 9, 2013, and produced limited benefit. An MRI of the lumbar spine dated May 7, 2013, showed multilevel degenerative changes, which were most pronounced at the L4-5 level, and severe central spinal canal stenosis. The patient was diagnosed with bilateral sacroiliitis. This request is for bilateral sacroiliac joint fusion

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BILATERAL SACROILIAC JOINT FUSION:** 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 In Worker's Comp, 18th Edition, 2013 Updates: Hip Procedure - Sacroiliac Joint Fusion

**Decision rationale:** California MTUS Guidelines do not provide criteria pertaining to sacroiliac joint procedures. Official Disability Guidelines do not recommend sacroiliac joint fusion in this case. While sacroiliac joint fusion can be recommended as a last resort for chronic or severe sacroiliac joint pain, the patient's records do not reflect a severe, post-traumatic degenerative process or establish sacroiliac joint dysfunction. The patient is noted to have significant, underlying low back related complaints, for which imaging demonstrates findings of severe stenosis. Given these findings and the absence of factors consistent with degenerative changes or sacroiliac joint dysfunction, the request for bilateral fusion would not be medically necessary. Or appropriate.