

<b>Case Number:</b>	CM13-0009531		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/05/1992
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	07/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 claimant is a 63-year-old female who was injured on 03/05/1992. The clinical records provided for review document complaints of right sacroiliac joint pain and that previous injections provided 50 to 75 percent pain control. Based on failed conservative care and continued complaints, the recommendation was made for surgical fusion of the right sacroiliac joint. The 02/25/14 progress report noted low back complaints as well as bilateral sacroiliac joint pain. Physical examination was documented to show tenderness over the sacroiliac joints, trochanteric bursitis, unchanged from previous evaluation. The diagnosis was listed as sacroiliac joint instability and the fusion was again recommended. The records did not contain any imaging reports and noted that treatment for the claimant's low back complaints has included epidural injections, medication management, therapy and work restrictions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right 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 (ODG).

**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:** The California MTUS and ACOEM Guidelines do not address this procedure. Based upon the Official Disability Guidelines (ODG), the request for the right sacroiliac joint fusion cannot be recommended as medically necessary. The Official Disability Guidelines do not recommend a sacroiliac joint fusion unless it is a salvage procedure. The records for review do not contain any reports of imaging studies to confirm pathology as the claimant's clinical picture is highly consistent with underlying lumbar complaints and clinical findings. Based on the claimant's current clinical assessment and the absence of imaging studies identifying pathology or ruling out other causes for the lumbar complaints, the proposed surgery cannot be supported as medically necessary.

**1 day hospital stay:** 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).

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

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