

Case Number:	CM13-0020142		
Date Assigned:	10/11/2013	Date of Injury:	04/12/2010
Decision Date:	05/15/2014	UR Denial Date:	08/17/2013
Priority:	Standard	Application Received:	09/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Orthopedic Spine Surgery, and is licensed to practice in New York. 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 Physician 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 37-year-old male with an injury of April 12, 2010. The patient has chronic back pain. He had a right L5-S1 transforaminal epidural steroid injection. He's had physical therapy. He continues to have chronic back pain. He's been diagnosed with lumbosacral sprain, lumbar disc displacement. He is status post right L5-S1 discectomy and right sacroiliac joint injection with 100% improvement noted for 3 weeks. On physical examination patient has antalgic gait. Lower extremity motor function is normal. Straight leg raising is negative. Deep tendon reflexes are normal. Diagnoses include lumbar sacral strain, L5-S1 disc herniation and SI joint dysfunction. At issue is whether SI joint fusion is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)

INPATIENT: 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), TREATMENT INDEX.

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 CHAPTER, SACROILIAC JOINT FUSION.

Decision rationale: Established guidelines do not recommend SI joint fusion except as a last resort for chronic and severe sacroiliac joint pain. No high quality studies have been conducted to establish the safety and efficacy of sacroiliac joint fusion. The procedure still remains experimental at this time. Guidelines indicate that the procedure must be performed as a last resort and in cases where pain has been lasting for years and refractory to conservative measures. In this case, the employee does not have physical examination documentation evidence of sacroiliac joint dysfunction. Positive Faber test is not documented. In addition there is no indication that the employee had a physical therapy program directed at SI joint dysfunction. The medical records do not indicate that conservative measures have been exhausted with respect to treatment of SI joint dysfunction. At this time, the employee does not meet establish criteria for SI joint fusion.