

Case Number:	CM13-0027894		
Date Assigned:	11/22/2013	Date of Injury:	10/15/2009
Decision Date:	01/24/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/23/2013

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 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 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 claimant is a 59-year-old gentleman injured in a work related accident on 10/15/09. Clinical records in regards to the claimant's lumbar spine indicate a progress report of October 21, 2013 with [REDACTED], indicating complaints of low back pain with burning pain, back stiffness, and radiating bilateral leg pain. He reviewed a myelogram of the claimant's lumbar spine from 09/04/13 that showed severe stenotic changes at L4-5 and spondylolisthesis at L4-5 that resulted in documented effacement of the thecal sac, right greater than left at the L4-5 level. Further levels were not noted. Objective findings demonstrated L5 and S1 dermatomal decreased sensation to light touch bilaterally. He diagnosed the claimant with spinal stenosis with potential "SI joint pain." He also noted positive Faber testing, tenderness over the facet joints and positive bilateral straight leg raising. He states he has failed care in regards to surgical management on January of 2012, L5-S1 laminectomy and is status post postoperative treatment including epidural injections. Given his ongoing complaints surgical process was recommended in the form of a "bilateral sacroiliac joint instrumentation and fusion" with a one day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint instrumentation and fusion x 1 day inpatient 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), Hip Procedure Section.

Decision rationale: The California MTUS Guidelines are silent and when looking at Official Disability Guidelines criteria; sacroiliac joint fusion is only recommended as a "last resort for chronic or severe sacroiliac joint pain." Its diagnosis is uncertain and recent evidence of treatment indicates that sacroiliac joint fusions do not find support in randomized controlled trialing. Regardless, there is Official Disability Guidelines criteria for indications for fusion to include failure of non-operative treatment with positive confirmation of the diagnosis with relief from intraarticular joint injections and medical records and plain film radiographs that have been reviewed to determine the clinical and radiological outcome. The issues in this case are the claimant's underlying lumbar complaints that do not fully support the role of sacroiliac joint disease in an isolated fashion. The role of the above procedure thus would not be indicated based on Official Disability Guidelines.