

<b>Case Number:</b>	CM13-0029584		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	07/21/2012
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 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 50 year old male who slipped and fell and injured his back. The date of injury is July 21, 2012. The patient complains of chronic back pain. MRI of the lumbar spine from October 2012 shows postsurgical changes with instrumentation and decompression from L4-S1. There is mild L3 spinal canal stenosis. There is moderate left and right L2-3 foraminal narrowing. The patient has been treated with physical therapy. The patient's L4-S1 surgical decompression and fusion was done 2004. The patient has had left sacroiliac joint corticosteroid injection. The patient has also had an epidural steroid injection the left side at L3-4. Patient has a pelvis CT with possible widening of the left SI joint. On physical examination the patient has painful range of back motion. Straight leg raising and [REDACTED] sign were positive on the left and Faber sign was negative. The patient has 4+ out of 5 weakness of the extensor hallucis longus. Lower extremities sensation is normal. Left Achilles reflex is absent. The patient had sacroiliac joint injection on April 17, 2013 that provided no temporary or long-term relief. The patient is status post gastric bypass surgery with a Hunter, weight loss. Patient has had TENS unit and is taking Vicodin and soma. At issue is whether sacroiliac joint fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left SI joint fusion to include arthrodesis: 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) Hip and Pelvis, Sacroiliac joint fusion.

**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, Sacroiliac joint fusion.

**Decision rationale:** Fusion of the sacroiliac joint remains controversial at this time. There are no long-term outcome studies demonstrating safety and efficacy of sacroiliac joint fusion. In addition, this patient has equivocal findings of sacroiliac joint pain. Specifically, the patient had previous sacroiliac joint injection without any evidence of improvement. The patient also had left-sided L3-4 transforaminal epidural steroid injection that did not give him any relief. It is also not uncommon for a pelvic CAT scan to show asymmetry between the left than the right SI joint width. The clinical findings of SI joint instability are equivocal in this case, as there is no clearly documented instability with demonstrable motion on any imaging study. While the patient does have some physical exam findings which may indicate sacroiliac joint pain, the findings are inconsistent in the medical records. Sacroiliac joint pain generation as a primary pain generator in this case remains unclear. This patient does not meet established ODG guidelines for sacroiliac joint fusion. Guidelines recommend consideration for sacroiliac joint fusion only after successful sacroiliac joint blocks. The sacroiliac joint blocks must provide some temporal pain relief. That has not occurred in this case. Since the cause of the patient's chronic back pain is unclear in this case and the pain was not relieved with SI joint injection, the patient does not meet criteria for sacroiliac joint fusion.

**Left SI joint fusion to include bone grafting, instrumentation:** 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) Hip and Pelvis, Sacroiliac joint fusion

**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, Sacroiliac joint fusion

**Decision rationale:** Please see above explanation. This patient does not meet established criteria for sacroiliac joint fusion.

**Fluoroscopic guidance:** 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) Hip and Pelvis, Sacroiliac joint fusion

**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, Sacroiliac joint fusion

**Decision rationale:** Since the surgery is not medically needed, than all other associated items are not needed.

**Medical clearance:** 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) Hip and Pelvis, Sacroiliac joint fusion

**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, Sacroiliac joint fusion

**Decision rationale:** Since the surgery is not medically needed, than all other associated items are not needed.

**Surgical assistant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Hip and Pelvis, Sacroiliac joint fusion

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Hip and Pelvis, Sacroiliac joint fusion

**Decision rationale:** Since the surgery is not medically needed, than all other associated items are not needed