MAXIMUS Federal Services

Case Number:	CM13-0043884		
Date Assigned:	12/27/2013	Date of Injury:	08/06/2010
Decision Date:	03/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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:

This 43-year-old claimant was injured on 8/6/10. She has been treated for back and leg pain. The diagnoses supported in the records provided are that of lumbar degenerative disc disease with radiculopathy and right-sided sacroiliac joint dysfunction. This claimant underwent right-sided sacroiliac joint blocks and the records provided document that the two sacroiliac joint injections provided 50-75% relief of symptoms for several weeks. The records provided also document that there may be an issue related to right-sided hip arthritis, psychiatric disease, symptoms out of proportion to objective findings, and this claimant is a smoker. Right-sided sacroiliac joint fusion was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI 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, Hip/Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Intra-articular steroid hip injection (IASHI).

Decision rationale: Right-sided sacroiliac joint fusion would not be considered medically necessary or appropriate based on the records provided in this case and the Official Disability Guidelines. The MTUS Guidelines do not address this issue. If one looks toward the Official Disability Guidelines, sacroiliac joint fusion is not recommended except as a last resort for chronic or severe sacroiliac pain provided patients fail non-operative treatment, there is chronic pain lasting for years, and diagnosis is confirmed by pain relief with intraarticular sacroiliac joint injections, pre- and post-operative general health and function is assessed and the medical records of plain radiographs have been reviewed retrospectively to determine clinical and radiographic outcome. In this case, there is definite concern over many other issues contributing to this employee's pain. This employee is a smoker. This employee received short term relief from right-sided sacroiliac joint injections. Prediction of a poor outcome in this case includes smoking history, psychiatric history, and symptoms out of proportion to findings on physical examination. As the medical records portend a poor outcome, right-sided sacroiliac joint fusion cannot be certified in this case.