

Case Number:	CM13-0052069		
Date Assigned:	12/27/2013	Date of Injury:	03/09/2012
Decision Date:	04/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/15/2013

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 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 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 patient is a 53-year-old female who sustained an injury to her back during the course of employment on March 9, 2012. She complains of chronic back pain. She has pain mainly in the right buttock that radiates down the right lower extremity but she also has some left buttock pain. On physical examination she ambulates with a limp on the right. She is able to stand on her heels and toes. Lumbar range of motion is limited in all planes. Lower extremity strength is well with the exception of the right EHL which is 4+ over 5 in the left EHL which is also 4 +/5. Straight leg raising test is positive on the right. The patient has tenderness over the bilateral sacroiliac (SI) joints, worse on the right than the left. Patella Reflexes are 1+ and equal bilaterally. Achilles reflexes are absent bilaterally. MRI of the pelvis in March 2013 showed mild degenerative changes of the hip. The patient has had injection therapy to the bilateral SI joints with relief of pain. At issue is whether bilateral sacroiliac joint fusion is medically necessary at this time. The patient has not had SI joint pain for very many years as her date of injury is March 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 BILATERAL 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.

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

Decision rationale: In this patient, sacroiliac joint fusion surgery is not medically necessary. Current treatment guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain that has lasted for years. Quality peer-reviewed literature is lacking on this topic. SI joint fusion remains controversial without long-term functional outcome and complication results established in the literature. Although this patient is experiencing bilateral sacroiliac joint pain with and diagnostic sacroiliac joint injection, the MRI of the pelvis does not document arthritic changes in the SI joints. Also, the physical examination does not document a positive Faber test, which would indicate SI joint pathology. Imaging studies do not document arthritic changes in the SI joint bilaterally. Based on the records, the patient's date of injury was in 2012. Not enough time has passed to meet criteria for SI joint fusion. Therefore, the requested joint fusion is not medically necessary or appropriate at this time.

"Associated surgical service" 1-2 DAY INPATIENT HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

"Associated surgical service" 1 ASSISTANT SURGEON: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

"Associated surgical service" 1 PRE-OP MEDICAL CLEARANCE TO INCLUDE: LABS, CXR, EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

1 LUMBAR CORSET L0625: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

"Associated surgical service" ASSISTANT SURGEON: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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