

Case Number:	CM13-0052282		
Date Assigned:	12/27/2013	Date of Injury:	08/18/2011
Decision Date:	05/19/2014	UR Denial Date:	10/15/2013
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 Hand 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 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 40-year-old individual who was injured on August 18, 2011 sustaining injury to the low back. There are recent clinical records available for review including an MRI of the lumbar spine from July 24, 2013 revealing multilevel degenerative change, facet arthrosis and foraminal narrowing from L4-5 and L5-S1. A recent clinical follow-up on September 26, 2013 indicates continued complaints of pain to the sacroiliac joint. The claimant has been treated with repeated injectables. It states she is now refractory to conservative measures. A right sacroiliac joint fusion is being recommended for further intervention. Physical examination findings on that date showed pain with flexion/extension of the lumbar spine with positive Faber testing, positive Fortin finger test, positive Gaenslen and positive compression testing. Further documentation of conservative measures was unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MINIMALLY INVASIVE RIGHT SACROILIAC (SI) ARTHRODESIS PROCEDURE, AND ONE DAY HOSPITAL STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013 HIP AND PELVIS

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES TREATMENT IN WORKER'S COMP HIP PROCEDURE

Decision rationale: CA MTUS Guidelines do not specifically address sacral iliac fusion. When looking at Official Disability Guideline criteria, arthrodesis to the SI joint is not indicated. At present, Official Disability Guideline criteria do not support the role of fusion to the sacroiliac joint. There would be nothing indicating this claimant being an exception to the above rule. Without documentation from a Guideline perspective showing long term efficacy or benefit with the proposed procedure, its role at this stage in the claimant's clinical course of care would not be supported. Subsequently, there would not be indication for inpatient stay given the lack of support for the surgical process in question.