

Case Number:	CM13-0069245		
Date Assigned:	01/03/2014	Date of Injury:	03/26/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 52-year-old male who reported an injury on 03/27/2011 after a rapid movement caused sudden onset of low back pain. The patient ultimately underwent fusion at the L3-4 in 2012. The patient developed sacroiliac joint pain and underwent a diagnostic sacroiliac joint injection. This injection provided 50% pain relief for 3 hours and allowed for increased functionality for approximately 3 days with a return of symptoms. The patient underwent a CT scan of the pelvis in 11/2013 that documented there were no advanced arthritic changes of the sacroiliac joints and only a minimal amount of vacuum phenomenon between these joints. There was no evidence of erosion, ankylosis, or osteophytic spurring. The patient's most recent clinical examination findings included tenderness over the right sacroiliac joint with a positive Fortin's finger sign, a positive high thrust, distraction, and FABERE tests. The patient has failed to respond to a sacroiliac belt and TENS unit and active therapy. A request was made for a sacroiliac joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR AN OUTPATIENT RIGHT SI 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 (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 and Pelvis Chapter, Sacroiliac Joint Fusion Section.

Decision rationale: The requested outpatient right SI fusion is not medically necessary or appropriate. The Official Disability Guidelines state, "The diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted." The clinical documentation submitted for review does indicate that the patient has failed to respond to non-operative treatments to include a TENS unit, active therapy, and sacroiliac joint belt. The clinical documentation does support that the patient has had chronic pain that has increased and the diagnosis of sacroiliac dysfunction has been confirmed with a positive response to a sacroiliac joint injection. However, the clinical documentation submitted for review does provide a CT scan of the pelvis that does not reveal any significant arthritic changes of the right sacroiliac joint. Therefore, a sacroiliac joint fusion would not be supported at this time.

THE REQUEST FOR A PRE-OPERATIVE CLEARANCE BY A PRIMARY CARE PHYSICIAN: 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.