

Case Number:	CM14-0003791		
Date Assigned:	02/05/2014	Date of Injury:	08/16/2011
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/10/2014

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:

According to the records made available for review, this is a 41-year-old male with an 8/18/11 date of injury. At the time (9/26/13) of request for authorization for length of stay one day for SI arthrodesis, there is documentation of subjective (right-sided sacroiliac joint pain that radiates into the groin area along the right S1 distribution) and objective (not specified) findings, current diagnoses (right sacroiliitis), and treatment to date (sacroiliac joint injection, chiropractic therapy, and physical therapy). In addition, 10/15/13 Utilization Review Determination identifies non-certification of minimally invasive right S1 arthrodesis procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

LENGTH OF STAY ONE DAY FOR SI 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 - Treatment For Workers' Compensation, 2013 Hip And Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline Or Medical Evidence: Online Verison ncbi.nih.gov

Decision rationale: MTUS and ODG do not address this issue. Medical Treatment Guideline identifies the average length of stay for minimally invasive sacroiliac joint fusion is 1.69 days. Within the medical information available for review, there is documentation of a diagnosis of right-sided sacroiliitis. In addition, there is documentation of a plan identifying minimally invasive right S1 arthrodesis procedure with 1 day inpatient stays. However, given documentation of a non-certification of minimally invasive right S1 arthrodesis procedure, there is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for length of stay one day for SI arthrodesis is not medically necessary.