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| Case Number: | CM14-0009249 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 10/21/1997 |
| Decision Date: | 07/09/2014 | UR Denial Date: | 12/24/2013 |
| Priority: | Standard | Application Received: | 01/23/2014 |

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:

The injured worker is a 41-year-old male who reported an injury on December 21, 1997 after a motor vehicle accident. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included lumbar fusion and laminectomy at the Lumbar (L)5-Sacral 1, a spinal cord stimulator trial in March 2011, followed by a spinal cord implantation in May 2011, and a right shoulder surgery in November 2008. The injured worker underwent a CT scan of the pelvis that documented post-surgical changes in the lumbar spine with a bone grafting harvesting site in the left posterior ilium and a neurostimulator device in the right gluteal region without any other abnormal findings. The injured worker was evaluated on October 29, 2013. It was noted that the injured worker had undergone a sacroiliac joint injection that had provided 10% to 20% pain relief. The patient was evaluated on December 3, 2013 at which time it was noted that the left sacroiliac joint injection provided 60% pain reduction for 5 to 6 days. The physical findings included full painless range of motion of the bilateral hips, knees, and ankles with no signs of instability, subluxations, or laxity with limited range of motion secondary to pain. Provocative testing of sacroiliac joint included positive shear test bilaterally, a positive faber's test bilaterally, and a positive straight leg raising test at 45 degrees with reproducible back pain. It was also noted that the injured worker had decreased sensation over the L3-L4 dermatomal distribution of the left lower extremity. The injured worker's diagnoses included subchondral cysts at the L3-L4, left sacroiliac joint dysfunction, low back pain, and left lower extremity radiculopathy. The injured worker's treatment plan included medial branch blocks at the L3-L4. A request for authorization form for a left sacroiliac joint fusion with internal fixation was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT FUSION WITH INTERNAL FIXATION: Upheld

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

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.

Decision rationale: The requested left sacroiliac joint fusion with internal fixation is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines recommend sacroiliac joint fusion as a last resort for chronic or severe sacroiliac joint pain as this dysfunction is very difficult to diagnose. The clinical documentation does indicate that the injured worker underwent a sacroiliac joint block. However, a significant response to a sacroiliac joint block would be indicated as at least 70% pain relief for 6 weeks. It is noted that the injured worker only had 60% pain relief for 2 to 3 days. Additionally, as there are multiple possible pain generators a sacroiliac joint fusion would not be indicated. As such, the requested left sacroiliac joint fusion with internal fixation is not medically necessary or appropriate.

