

Case Number:	CM14-0009426		
Date Assigned:	01/31/2014	Date of Injury:	11/09/2006
Decision Date:	06/20/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/24/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

This 34-year-old female firefighter sustained an industrial injury on 11/09/06. The injury occurred when she fell sliding down a fire pole, with immediate tearing sensation in the anterior pelvis. The 4/8/13 pelvic MRI impression documented mild to moderate pubic symphysis osteitis pubis and small bilateral hip joint effusions. The 1/9/14 initial orthopedic report cited chronic anterior pelvis and low back pain that intermittently radiated down to her knees. There was a constant ache in the anterior pelvis, made worse with activities, and she predominately stood on one leg. Exhaustive conservative treatment was noted to have failed. Physical exam findings documented tenderness to palpation anterior pelvic, made worse with one leg stance, central lumbar tenderness to palpation, and mild tenderness over the bilateral sacroiliac joints, made worse with flexion, abduction, and external rotation. There was full bilateral hip range of motion, intact lower extremity sensation and motor function, and tenderness sitting up from a supine position. Imaging, consisting of MRIs, bone scans, and x-rays, showed evidence of osteitis pubis with degenerative changes seen in her symphysis. Standing AP flamingo views were obtained and showed evidence of symphyseal instability with noted irregularities in her pubic symphysis. A CT scan was recommended for pre-operative planning and to assess the sacroiliac joints. A surgical request was submitted for open reduction internal fixation pubic symphysis, with possible lateral sacroiliac joint fixation. The 1/15/14 utilization review partially certified the request for open reduction internal fixation pubic symphysis, but denied the possible lateral sacroiliac joint fixation based on an absence of documented sacroiliac joint morphology or evidence that established that the sacroiliac joints were unstable or a significant pain generator.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPEN REDUCTION INTERNAL FIXATION PUBIC SYMPHYSIS, WITH POSSIBLE LATERAL SACROILIAC JOINT FIXATION QTY: 1.00: 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, SACROILIAC JOINT FUSION

Decision rationale: Under consideration is a request for open reduction internal fixation pubic symphysis, with possible lateral sacroiliac joint fixation. Surgical indications were met for open reduction and internal fixation based on imaging evidence of symphyseal instability, and this procedure was approved. The California MTUS guidelines do not provide recommendations for treatment of chronic pelvic injuries. The Official Disability Guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that 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. Guideline criteria have not been met. There is no current clinical and imaging evidence to establish that the sacroiliac joints are unstable or a significant pain generator. There is no compelling reason presented to support the medical necessity of the requested surgery beyond the open reduction and internal fixation of the pubic symphysis already certified. Therefore, this request for open reduction internal fixation pubic symphysis, with possible lateral sacroiliac joint fixation is not medically necessary.