

Case Number:	CM14-0016380		
Date Assigned:	04/11/2014	Date of Injury:	12/22/2008
Decision Date:	05/28/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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:

The patient is a 47-year-old gentleman who was injured in a work related accident on December 28, 2008. Progress report of December 23, 2013 indicated ongoing complaints of persistent low back pain and bilateral SI joint tenderness. He is noted to be with well healed incision from prior fusion with positive tenderness to palpation at the SI joints. He was diagnosed with herniated lumbosacral disc disorder, radiculitis and SI joint pain. Recommendations at that time were for continued topical compounded analgesics, medication management and surgical process to include extension of prior fusion to incorporate his unstable SI joints. There is no formal imaging available for review. The treating physician indicates a previous lumbar MRI of 2009 showed changes consistent with L4-5 interbody fusion with instrumentation and no other significant findings. There is no specific treatment documented to the patient's SI joints other than medications. As stated, there is request for extension of prior fusion process to incorporate the patient's SI joints at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTEND LUMBAR FUSION TO INCORPORATE UNSTABLE SI JOINT WITH 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 (ODG), Hip and Pelvis Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Official Disability Guidelines Treatment In Worker's Comp , 18th Edition, 2013 Updates: Hip Procedure - Sacroiliac Joint Fusion.

Decision rationale: Based on Official Disability Guideline criteria as California ACOEM and MTUS Guidelines are silent, SI joint fusion would not be indicated. Sacroiliac joint fusion is not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. It indicates the diagnosis is controversial and that the surgical process is not well supported. Particular to this individual, there is no documentation of recent treatment to the SI joint or subsequent benefit from treatment to the SI joint to isolate it as the patient's major source of pain complaints. A lack of recent imaging or specific treatment to the SI joint would fail to necessitate this last resort surgical process at this time. Therefore the request is not medically necessary.