

Case Number:	CM14-0018232		
Date Assigned:	04/21/2014	Date of Injury:	04/20/2002
Decision Date:	07/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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, has a Certificate in Spine Fellowship, 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 49-year-old male with a 4/20/02 date of injury. At the time (1/20/14) of request for authorization for extension of fusion to include arthrodesis and fixation SI joints bilateral, there is documentation of subjective (SI joint pain radiating to the buttocks and leg with numbness and tingling) and objective (tenderness over the bilateral SI joints, positive FABER, decreased range of motion secondary to pain, and positive straight leg raise) findings, current diagnoses (lumbar discopathy with disc displacement and stenosis status post and lower leg joint pain), and treatment to date (multilevel lumbar spine fusion and medications). There is no additional clear and legible (given that the medical report provided for review is largely illegible due to being hand written and reproduced) documentation from the treating physician. There is no documentation of diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance and preoperative general health and function assessed.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXTENSION OF FUSION TO INCLUDE ARTHRODESIS AND FIXATION S1 JOINTS BILATERAL: 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 & Pelvis, Sacroiliac Joint Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (Odg) Hip & Pelvis, Sacroiliac Joint Fusion.

Decision rationale: MTUS does not address the issue. ODG identifies documentation of failure of non-operative treatment, chronic pain lasting for years, diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance (positive response to the injection noted, and recurrence of symptoms after the initial positive), and preoperative general health and function assessed, as criteria necessary to support the medical necessity of SI joint fusion. Within the medical information available for review, there is documentation of diagnoses of lumbar discopathy with disc displacement and stenosis status post and lower leg joint pain. In addition, there is documentation of failure of non-operative treatment (medications) and chronic pain lasting for years. However, there is no documentation of diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance and preoperative general health and function assessed. Therefore, based on guidelines and a review of the evidence, the request for extension of fusion to include arthrodesis and fixation SI joints bilateral is not medically necessary.