

<b>Case Number:</b>	CM14-0117099		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/19/1988
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Spine Surgery and is licensed to practice in New York. 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 49-year-old female with long-standing back pain. She has previous history of low back pain and thoracic back pain and had a T10-T11 level epidural steroid injection. The patient continues to have chronic low back pain. On physical examination she has a positive Faber's test on the left, a positive straight leg raise on the left and positive tenderness to the posterior superior iliac spine. Lumbar range of motion is restricted secondary to pain. Patient has tenderness to palpation of the lumbar spine. Neurologic exam shows 4-5 weakness in the left quadriceps. She has decreased sensation of L2-L4 dermatomes. An MRI of the lumbar spine does not show any significant lumbar pathology. At issue is whether SI joint fusion is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left S1 joint fusion with internal fixation x 1 day hospital stay: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip and Pelvis Chapter, 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) Low Back Chapter Pain.

**Decision rationale:** This patient does not meet establish criteria for left sacroiliac joint arthrodesis. There is no documentation of a recent trial and failure of conservative measures to include physical therapy. There is also no documentation of radiographic abnormality on CT scan or MRI of the SI joint on the left side. Patient has not had a recent trial and failure conservative measures and does not have radiographic abnormality consistent with SI joint pathology. Existing criteria for SI joint fusion on the left side not met.

**Pre-op H&P:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Labs Chem 8 CBC, UA:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**EKG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.