

Case Number:	CM14-0132082		
Date Assigned:	08/22/2014	Date of Injury:	05/16/2012
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/18/2014

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 Orthopaedic 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:

This 71-year-old male x-ray/CT scan technician sustained an industrial injury on 5/16/12. Injury occurred while pushing a grid under a patient while performing a radiological procedure. Past surgical history was positive for a decompressive laminectomy and neuroforaminotomy in 2010. The 2/14/14 second opinion report cited x-ray findings of bilateral sacroiliac joint arthropathy, left worse than right. The patient was status post two sacroiliac joint injections, one in 2004 and one recently with some transient improvement of symptoms. The treatment plan recommended consideration of SI Fix parallel sacroiliac dowel fixation through a single small incision as an alternative to sacroiliac joint fusion. The 6/26/14 lumbar MRI impression documented mild canal stenosis at L4/5 and bilateral mild neuroforaminal narrowing at L5/S1. The 6/26/14 treating physician progress report cited grade 2-3/10 left sacroiliac joint pain and right hip pain. The patient managed his pain with Norco and did not need a refill. The patient had received a left sacroiliac joint injection with contrast on 6/16/14 that helped for about 2 days and slowly returned thereafter. Physical exam documented positive left sacroiliac joint tenderness and positive left Fabere/Patrick's, Gaenslen's, and thigh thrust tests. The diagnosis included left sacroiliac joint dysfunction. The treatment plan recommended left sacroiliac joint fusion. The 7/15/14 utilization review denied the request for left sacroiliac joint fusion as there was no documentation of a failure of non-operative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint fusion: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 221. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint fusion.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines do not recommend sacroiliac (SI) joint fusion surgery or other SI joint surgical procedures. SI joint fusion may be recommended for treatment of severe pelvic fractures with or without instability. 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 detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. There is no evidence that the patient has severe sacroiliac joint pain or that chronic pain has been intractable. Therefore, this request is not medically necessary.