

Case Number:	CM14-0133563		
Date Assigned:	08/27/2014	Date of Injury:	04/11/2012
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine and Rehabilitation, 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 4/11/12 date of injury. At the time (5/27/14) of request for authorization for left sacroiliac joint fusion pre-op medical clearance lab work, EKG, chest x-ray, there is documentation of subjective (continued low back pain, left sacroiliac joint pain, and buttock pain, worsened with prolonged standing and sitting) and objective (limited lumbar flexion, lumbar spinous process tenderness, positive tenderness of the left sacroiliac joint, and positive tenderness of the posterior superior iliac spine) findings, current diagnoses (lumbar spine herniated nucleus pulposus, sciatica, and sacroiliac ligament sprain/strain), and treatment to date (physical therapy, sacroiliac joint injections with positive response and return of symptoms; home exercise program, and medication). There is no documentation of preoperative general health and function assessed, and that medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SACROILIAC JOINT FUSION PRE-OP MEDICAL CLEARANCE LAB WORK, EKG, CHEST X-RAY: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis; Low Back, Sacroiliac joint fusion; Preoperative lab testing

Decision rationale: MTUS does not address this issue. ODG identifies documentation of post-traumatic injury of the sacroiliac joint OR the following criteria (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), preoperative general health and function assessed, and medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome), to support the medical necessity of sacroiliac joint fusion. In addition, ODG identifies that preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. Within the medical information available for review, there is documentation of diagnoses of lumbar spine herniated nucleus pulposus, sciatica, and sacroiliac ligament sprain/strain. In addition, there is documentation of failure of non-operative treatment, chronic pain lasting for years, and 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). However, there is no documentation of preoperative general health and function assessed. In addition, given no documentation of radiographs, there is no documentation that medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Therefore, based on guidelines and a review of the evidence, the request for left sacroiliac joint fusion pre-op medical clearance lab work, EKG, chest x-ray is not medically necessary.