

Case Number:	CM14-0152030		
Date Assigned:	09/22/2014	Date of Injury:	07/01/1997
Decision Date:	11/14/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Surgeon and is licensed to practice in Texas. 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 injured worker is a 69-year-old male who reported an injury on 07/01/1997. The mechanism of injury was the injured worker was lifting truck tires. Prior therapies included physical therapy, chiropractic care, and lumbar epidural steroid injections, along with medications. The injured worker's medication was noted to include hydrocodone, Prilosec and Anaprox. The prior surgical interventions included a lumbar fusion. The injured worker underwent an MRI of the lumbar spine without contrast on 05/01/2014, which revealed at L5-S1 there was mild bilateral facet arthrosis. There was appearance of a left unilateral L5 spondylosis but no evidence of subluxation. There was mild bilateral neural foraminal narrowing. The documentation indicated the injured worker had an EMG on 10/27/2008, which abnormal lower extremity with evidence of mild left sural sensory neuropathy. There was a request for authorization for an SI joint injection on 06/06/2014. The injured worker underwent a bilateral sacroiliac joint and diagnostic and therapeutic block on 07/01/2014. There was a request for authorization for a bilateral sacroiliac joint fusion and an inpatient stay, as well as EKG, lab work, x-ray, and history and physical on 07/17/2014. The documentation of 07/10/2014 revealed the injured worker had a bilateral sacroiliac joint injection on 07/01/2014 with 85% improvement after the injection. The injured worker had decreased range of motion. The injured worker had 3+ tenderness to palpation at the sacroiliac joints. There was a positive pelvic compression examination and a positive Gaenslen's test. The diagnosis included lumbar disc herniation, lumbar radiculitis, and lumbar spondylolisthesis as well as lumbar disc disease. The treatment plan included a bilateral SI joint fusion. The discussion portion indicated the injured worker had been under treatment for chronic low back pain symptoms. The injured worker had complaints of pain, specifically localized to the sacroiliac joint area bilaterally. The injured worker had a positive thigh thrust test, pelvic compression test, and Gaenslen's test. The physician documented the injured worker

had a CT scan of the pelvis and sacroiliac joint, which revealed significant sacroiliac joint disease. The injured worker failed to respond to aggressive physical therapy. The physician further documented the injured worker had failed to respond to aggressive physical therapy directed towards the sacroiliac joint for a period of 4 to 6 weeks and the presence of other significant low back pathology had been ruled out or previously addressed. The physician documented there is an increased incident of sacroiliac joint disease if the injured worker has undergone a prior lumbar fusion procedure. The physician further documented that per The Official Disability Guidelines, repeat injections may be considered up to 4 times a year to control the injured worker's pain or consideration may be given to a sacroiliac joint instrumentation and fusion. The treatment plan included a Bilateral SI joint fusion, inpatient stay, labs, EKG, chest x-ray and history and physical and assistant surgeon. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral S1 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), Treatment Index, 12th Edition (web), 2014, Hip and 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 Chapter, Sacroiliac joint fusion.

Decision rationale: The Official Disability Guidelines indicate that for an SI joint fusion there should be documentation of a posttraumatic injury of the SI joint or all of the following, a failure of nonoperative treatment, chronic pain lasting four years, diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance with a positive response, and there was a recurrence of the symptoms after the initial positive, preoperative and postoperative general health and function had been assessed, and medical records and plain radiographs had been reviewed retrospectively to determine the clinical and radiographic outcome. There was documentation the injured worker had undergone a sacroiliac joint injection and had 85% relief and pain had recurred. The clinical documentation submitted for review failed to indicate the injured worker had radiographic findings. The physician indicated the injured worker underwent a CT scan of the pelvis and sacroiliac joint which revealed significant sacroiliac joint disease. However, the CT scan was not provided for review to support significant sacroiliac joint disease. Given the above, the request for bilateral SI joint fusion is not medically necessary.

Facility inpatient stay, QTY: 2 days: 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.

Preoperative EKG (Electrocardiogram): 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.

Preoperative laboratory tests, not specified: 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.

Preoperative 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.

Preoperative history and physical: 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.

Assistant surgeon: 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), Treatment Index, 12th Edition (web), 2014, Hip and Pelvis, Sacroiliac Joint Fusion

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.