

Case Number:	CM14-0169995		
Date Assigned:	10/20/2014	Date of Injury:	10/20/2012
Decision Date:	11/20/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/15/2014

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 51-year-old female who reported a twisting injury on 10/20/2012. The current diagnoses include sacroiliitis, sacroiliac ligament sprain/strain, lumbar myofascial sprain/strain, hip osteoarthritis, and hip bursitis. Previous conservative treatment is noted to include sacroiliac injections, medications, physical therapy, and acupuncture. The latest sacroiliac joint injection procedure is noted on 06/27/2014. The injured worker was evaluated on 08/14/2014 with complaints of lower back pain and right thigh pain. The current medication regimen includes Lidoderm 5% patch and meloxicam 7.5 mg. Physical examination revealed 80 degrees flexion, 20 degrees extension, bilateral lumbar tenderness, PSIS tenderness, positive Gaenslen's testing on the right, tenderness over the right greater trochanter and distal gluteus, normal motor strength, and positive faber testing on the right. Treatment recommendations included a sacroiliac joint fusion. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 sacroiliac joint fusion with 1-3 days hospital inpatient stay including medical clearance and lab work (CBC, Chem-7, PT/INR, UA): Upheld

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

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 and Hospital Length of Stay, Low Back Chapter, Preoperative Testing

Decision rationale: The Official Disability Guidelines recommend an SI joint fusion for post-traumatic injury of the SI joint, failure of nonoperative treatment, chronic pain, diagnoses confirmed by intra-articular sacroiliac joint injections, and following an assessment of preoperative and postoperative general health. As per the documentation submitted, the injured worker's physical examination only revealed tenderness to palpation with positive Gaenslen's testing. There is no documentation of a significant functional limitation. Additionally, the Official Disability Guidelines state preoperative testing is guided by the patient's clinical history, comorbidities, and physical examination findings. There is no documentation of a significant medical history or any comorbidities that would warrant the need for preoperative testing. Based on the clinical information received in the above mentioned guidelines, the request is not medically appropriate at this time.