

Case Number:	CM14-0179466		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2011
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/29/2014

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 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 is a 32 year-old male with a 7/18/11 date of injury. The patient reported pain in the middle right side of his low back while passing metal pieces above his head. This was a repeat of the same type of injury, which had previously occurred on 4/26/11. He has been treated conservatively, which included work restrictions, physical therapy, lumbar epidural steroid injections, and sacroiliac joint injections times 2, with a reported 70% improvement. The patient was most recently seen on 9/11/14 with complaints of pain in the bilateral low back, right greater than left, right buttock, groin/inguinal and proximal thigh pain, and minimal symptoms radiating into the right calf or foot. Exam findings revealed tenderness both to palpation and to shear stress of the right sacroiliac joint. There is a positive Gaenslen maneuver, FABER test, and lateral compression test. Neurological exam revealed sensory abnormalities on the plantar and dorsal aspects of the right foot. Motor strength in the right EHL and posterior tibialis muscle is weak, at 4/5. An 8/7/14 MRI of the lumbar spine revealed focal central disc protrusions at L4-5 and L5-S1 without herniation's or nerve root displacement. The sacroiliac joints and paraspinal soft tissues were unremarkable. An 8/12/14 EMG/NCV showed an absence of the right peroneal F wave, a weak finding which may be seen in disorders of the right L5 nerve root, but which should be considered nonspecific in isolation. The patient's diagnoses included: 1) Thoracic/lumbosacral neuritis. 2) Disorders sacrum. 3) Acquired spondylolisthesis. 4) Pain joint, pelvis and thigh. 5) Intervertebral disc disorder with myelopathy, lumbar. The medications included: Tramadol ER, cyclobenzaprine, Prilosec, Norco, Naproxen sodium. Significant Diagnostic Tests: MRI, EMG/NCV. Treatment to date: work restrictions, physical therapy, lumbar epidural steroid injections, sacroiliac joint injections times 2. An adverse determination was received on 10/7/14 due to an absence of evidence of sacroiliac joint pathology on recent MRI that would justify a joint fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Right Sacroiliac Joint Instrumentation Arthrodesis w/1 Day LOS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers comp, 18th Edition, 2013 Updates: hip procedure; regarding Sacroiliac joint fusion, Length of Stay

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), (Hip and Pelvis Chapter)

Decision rationale: CA MTUS does not address this issue. ODG states that sacroiliac joint fusion is not recommended except as a last resort for chronic or severe sacroiliac joint pain. ODG criteria for SI joint fusion include failure of non-operative treatment; chronic pain lasting for years; pain relief with intraarticular sacroiliac joint injections; and documentation of plain radiographs. This 32 year-old patient has been treated for a non-traumatic low back injury that occurred 3 years ago. Recent treatment notes indicated complaints that were non-specific to the right sacroiliac joint. Exam findings did yield provocative testing that was positive for a sacroiliac joint disorder. However, an MRI showed the sacroiliac joints to be unremarkable. The patient has undergone conservative care, which has included physical therapy, lumbar epidural steroid injections, and sacroiliac joint injections times 2, with a reported 70% improvement. While the positive response to the intraarticular sacroiliac joint blocks was impressive, there is inadequate documentation on physical exam or imaging studies to support a diagnosis of joint instability or severe degenerative disease, which would justify a joint fusion. Therefore, the request for Inpatient Right Sacroiliac Joint Instrumentation Arthrodesis w/1 Day LOS is not medically unnecessary.