

Case Number:	CM14-0037502		
Date Assigned:	06/25/2014	Date of Injury:	10/02/2008
Decision Date:	07/23/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	03/28/2014

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:

The patient is a 46-year-old who was injured in a work-related accident on 10/2/00. The records provided for review include a 3/20/14 progress report noting ongoing left sacroiliac joint pain and left-sided low back pain described as severe. The report documents that over the past several months the claimant has become progressively worse and that she had two sacroiliac joint injections in April and June 2013 that provided 80 percent of relief for only a few days. Other treatment has included physical therapy, activity restrictions, chiropractic measures, pain management, epidural steroid injections, as well as lumbar fusion in June 2010 with subsequent removal of hardware in April 2012, and medication management including chronic opioid agents. Physical examination showed restricted lumbar range of motion, 5-/5 gastrocnemius strength, full sensation, equal and symmetrical deep tendon reflexes, positive left-sided FABER's testing, and positive tenderness over the left sacroiliac joint. The claimant was diagnosed with lumbar pain status post fusion and subsequent hardware removal with sacroiliac joint tenderness and pain. A fusion of the claimant's sacroiliac joint was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Fusion, Bone Grafting and Stabilization / Instrumentation with Neurology Monitoring and Assistant Surgeon as an Inpatient; Pre-Operative Medical Clearance; 4 Day Inpatient Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, Independent Medical Examination and Consultation, page 127. Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2014.

Decision rationale: The Official Disability Guidelines (ODG) state that this procedure is only recommended as a salvage procedure in individuals whose diagnosis is well-defined. The medical records indicate that this claimant also has other diagnoses that could be attributed to her symptoms. The claimant has had a prior lumbar fusion and subsequent hardware removal. Given the claimant's current diagnosis of failed low back syndrome and clear lumbar etiology with continued radicular findings on examination, the sacroiliac joint fusion, which is typically not recommended by ODG Guideline criteria, would not be indicated. The associated requests for an assistant surgeon, four-day inpatient stay and medical clearance, and neurology monitoring would also not be recommended. Therefore, the request for left sacroiliac joint fusion, bone grafting and stabilization / instrumentation with neurology monitoring and assistant surgeon as an inpatient; pre-operative medical clearance; 4 day inpatient stay are not medically necessary and appropriate.

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