

Case Number:	CM14-0065464		
Date Assigned:	07/11/2014	Date of Injury:	12/07/2011
Decision Date:	08/08/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/08/2014

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 Orthopaedic 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 46-year-old female physical therapist sustained an industrial injury on 12/7/11. The mechanism of injury was not documented. The 2/19/14 pelvis CT scan impression documented sclerosis of the SI (Sacroiliac) joints bilaterally, suggestive of sacroiliitis. The 3/26/14 treating physician report documented that the patient had failed non-surgical treatment. Several diagnostic studies indicated that her pain source is her SI joints. Physical exam documented normal gait, limited lumbar extension, and tenderness over the left posterior superior iliac spine. Bilateral hip functional testing was negative. There was a positive Patrick's and Gaenslen's test. Pelvic inlet and outlet views showed bone spurring at the ends of the sacroiliac joints, with joint line sclerosis. SI joint injections provided 50% or more benefit for 6 weeks but the pain recurs. She felt like her pelvis gives way and locks. The treatment plan recommended posterior decompression/stability and fusion left SI joint. The 4/15/14 utilization review denied the request for left SI joint fusion as there was no documentation that all conservative treatment options had been exhausted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Fusion: Upheld

Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 221. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Sacroiliac joint fusion.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines do not recommend sacroiliac (SI) joint fusion surgery or other SI joint surgical procedures. SI joint surgery, including fusion is not recommended for treatment of any lower back pain condition. It may be recommended for treatment of severe pelvic fractures with or without instability. The Official Disability Guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Guideline criteria have not been met. There is no detailed documentation regarding the comprehensive pharmacologic and non-pharmacologic conservative treatment that had been tried and what response was achieved. There is no indication that the patient's pain is severe, intractable, or causing severe functional limitation. There is no guideline support for this procedure except as a last resort, for chronic or severe pain. Therefore, this request for left sacroiliac joint fusion is not medically necessary.

Inpatient Stay for 1 day: 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): Hospital Length of Stay (LOS) Guidelines; Total Hip Replacement.

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, Hospital length of stay (LOS).

Decision rationale: As the request for left sacroiliac joint fusion is not medically necessary, the associated request for inpatient stay for 1 day is also not medically necessary.

Lumbar Sacral Orthoses (LSO) Brace Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: As the request for left sacroiliac joint fusion is not medically necessary, the associated request for lumbar sacral orthoses (LSO) brace purchase is also not medically necessary.

One (1) Vascutherm, Four (4) Deep Vein Thrombosis (DVT) System with Hot/Cold Compression Rental times 2 weeks: 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): Knee and Leg Chapter.

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, Venous thrombosis.

Decision rationale: As the request for left sacroiliac joint fusion is not medically necessary, the associated request for one (1) VascuTherm, four (4) deep vein thrombosis (DVT) system with hot/cold compression rental times 2 weeks is also not medically necessary.

Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopedic Surgeons (AAOS) Position Statement.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

Decision rationale: As the request for left sacroiliac joint fusion is not medically necessary, the associated request for assistant is also not medically necessary.