

Case Number:	CM14-0080347		
Date Assigned:	07/21/2014	Date of Injury:	01/11/2010
Decision Date:	08/26/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/30/2014

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 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 50-year-old female who reported an injury on 01/11/2010. The mechanism of injury was the injured worker lifted a bag of groceries weighing approximately 20 to 30 pounds and when she picked it up from the ground and tried to put it in the cart, she felt significant pain in the low back. Prior therapies included physical therapy and sacroiliac joint injections, as well as medication, including Tylenol. The diagnosis included sacroiliac joint dysfunction on the left; degenerative disc disease of the lumbar spine; facet arthropathy in the lumbar spine; and herniated nucleus pulposus at L3-4, L4-5, and L5-S1. The surgical interventions included lumbar back surgery twice. One was noted to be a left-sided L5-S1 lumbar laminectomy with decompression of the nerve root for recurrent herniated disc on the left, chronic radicular left leg symptoms, and chronic bilateral trochanteric bursitis. The documentation of 01/21/2014 revealed the injured worker had a previous sacroiliac injection which reduced pain by about 80% but only for a short time. The physical examination revealed the injured worker had a positive FABERs test, positive shears test, lateral leg raise bilaterally. The injured worker had tenderness to the PSIS bilaterally, especially on the right. There was tenderness over the lower lumbar spine region and sacral area. Motor strength in the left EHL was 4/5 and hip strength flexor on the left was 4+/5. The treatment plan included the physician opined the injured worker was a surgical candidate due to a failure to improve with conservative care and failure to improve. The treatment plan additionally included a preoperative history and physical examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery of Bilateral Sacroiliac fusion with internal fixation: 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).

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 do not recommend a sacroiliac joint fusion, except as a last resort for chronic and severe sacroiliac pain. The indications for an SI joint fusion includes the diagnosis is confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance if positive response to the injection is noted and the injured worker had a recurrence of the symptoms after the initial positive. There should be documentation of a preoperative and postoperative general health and function assessment. There should be documentation of a failure of nonoperative treatment in the injured worker should have chronic pain lasting 4 years. Additionally, there should be documentation that medical records and all plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. There was no documentation of radiologic findings to support the necessity for the procedure. Additionally, there was a lack of documented rationale for internal fixation. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. Given the above, the request for spine surgery of the bilateral sacroiliac fusion with internal fixation is not medically necessary.

Pre OP History & Physical Exam Disorders Of Sacrum: 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 9th Edition (web) 2011.

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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

2 day inpatient Length of Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.