

Case Number:	CM14-0081504		
Date Assigned:	07/18/2014	Date of Injury:	07/18/2011
Decision Date:	09/08/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 32 year old male who sustained an injury to the lower back on 7/18/11 while building scaffolding due to lifting heavy metal parts repetitively. A magnetic resonance imaging (MRI) of the lumbar spine in 2012 demonstrated multilevel degenerative disc disease (DDD) of the lumbar spine with herniated discs at L4-5 and L5-S1. He has signs and symptoms of an L4 and L5 radiculopathy, mainly on the right. Lumbar surgery of unstated type was recommended in 2013, but has not been carried out. There is tenderness of the right sacroiliac joint (SI) and he has positive right Gaenslen's, shear, lateral compression and pelvic stress tests. Diagnostic injections of the right sacroiliac joint were positive. The injured worker's low back and right sacroiliac joint pain complaints have not responded to activity modification, epidural steroid injection (ESI), medications, intraarticular steroids and physical therapy (PT). A right sacroiliac joint fusion was recommended and this has been denied. More recently he has developed a right foot drop and an updated magnetic resonance imaging (MRI) scan of the lumbar spine was requested on 6/4/14. It is not known from the available records if this has been completed or the results of the test. A psychological evaluation has also been recommended and these results are also not documented. The denial of the right sacroiliac joint arthrodesis is being appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Right Sacroiliac Joint Fusion Surgery with 1 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Hip procedure, Sacroiliac Joint Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Sacroiliac joint fusion.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) guidelines do not address sacroiliac joint arthrodesis. The American College of Occupational and Environmental Medicine (ACOEM) guidelines recommend against sacroiliac joint fusions for all indications. The Official Disability Guidelines (ODG) recommend against sacroiliac joint arthrodesis in general, but note that it may be considered as a last resort in injured worker with chronic sacroiliac joint pain that has lasted for years after all other treatment options have been exhausted and after all other sources of low back pain have been eliminated. The injured worker is known to have aright L4 and L5 radiculopathy with foot drop and a magnetic resonance imaging (MRI) of the lumbar spine and a computed tomography (CT) of the pelvis are pending. A psychologic evaluation is also pending. As the lumbar spine has not been eliminated as a source of referred pain and as sacroiliac joint fusion is not recommended under the American College of Occupational and Environmental Medicine (ACOEM) guidelines, the requested right sacroiliac joint arthrodesis cannot be recommended for certification.