

Case Number:	CM14-0096824		
Date Assigned:	09/23/2014	Date of Injury:	01/19/2010
Decision Date:	11/10/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	06/25/2014

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 Surgeon 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 69-year-old male who reported injury on 01/19/2010. The injured worker underwent a right sacroiliac joint steroid injection on 07/17/2011, an anterior rectus sparing retroperitoneal approach to the lumbar spine, mobilization of the iliac vessels and complete discectomy of L5-S1 with neural foraminotomies of the bilateral L5-S1 and placement of sized interbody structural implants at L5-S1, an interbody fusion with demineralized bone matrix, Tricalcium Phosphate and Hyaluronic Acid matrix combined with autogenous bone marrow aspirate taken from the same incision and intraoperative fluoroscopy and interpretation on 03/01/2013. The injured worker underwent a right sacroiliac joint steroid injection on 04/01/2014. The documentation of 06/04/2014 revealed the injured worker had severe pain. The injured worker had right buttock and low back pain. The injured worker had difficulty with prolonged sitting and driving. The injured worker's medications were noted to include Percocet 10/325 mg tablets and Soma 350 mg tablets. The physical examination revealed the injured worker had point tenderness over the right sacroiliac sulcus and joint, positive pain with sheer force, compression testing and external rotatory force to the SI joint. Diagnoses included arthralgia in the sacroiliac joint and disorders of the sacrum. The treatment plan included pending surgery for right sacroiliac joint fusion, pending electromyogram (EMG) to cervical and lumbar spine to include upper and lower extremities and an x-ray of the cervical and lumbar spine. The injured worker was noted to have undergone an MRI of the lumbar spine on 10/22/2013, which was not provided for review. The report revealed the injured worker had interval postoperative changes of the posterior lateral intervertebral body fusion at L5-S1 with improvement in the foraminal and right lateral recess seen previously. There was mild narrowing of the right lateral recess remaining present secondary to dorsal "souring" with mild to moderate foraminal encroachment. The CT of the lumbar spine dated 12/02/2013 revealed

postsurgical fixation of the bilateral facet joints at L5-S1 and a partial osseous fusion across L5-S1 and no evidence of hardware complication. There was diffuse disc bulge at L4-5 resulting in mild bilateral neural foraminal narrowing. There was multilevel discogenic disease at the lumbar spine noted. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac joint fusion: Upheld

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

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 recommend an SI joint infusion when there is post-traumatic injury of the SI joint or there is documentation of a failure of non-operative treatment, chronic pain lasting for years, diagnoses confirmed by pain relief with intraarticular sacroiliac joint injection under fluoroscopic guidance when the injured worker had a positive response and recurrence of symptoms after the initial positive and documentation of preoperative and postoperative general health and functioning as well as medical record and plain radiographs that have been reviewed to determine clinical and radiographic outcome. The clinical documentation submitted for review failed to provide documentation of radiologic evidence including x-rays to support the necessity for a right sacroiliac joint fusion. Given the above, the request for right sacroiliac joint fusion is not medically necessary.

Front wheel walker: Upheld

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

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.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS 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.

EMG upper and lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): PAGE 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The American College of Occupational and Environmental Medicine states that Electromyography (EMG), including H reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. There should be documentation of 3 - 4 weeks of conservative care and observation. The American College of Occupational and Environmental Medicine states that Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The clinical documentation submitted for review failed to provide documentation of objective findings of myotomal and/or dermatomal dysfunction to support the necessity for an EMG. Given the above, the request for EMG of the upper and lower extremities is not medically necessary.

X-ray of cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-179, 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate for most injured workers presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. The criteria for ordering imaging studies include physiologic evidence of a tissue insult or neurologic dysfunction and a failure to progress in a strengthening program intended to avoid surgery as well as clarification of the anatomy prior to an invasive procedure. Additionally, the guidelines indicate a lumbar x-ray is not recommended with injured workers with low back pain in the absence of red flags for serious spinal pathology even if the pain has

persisted for at least 6 weeks. It is appropriate if the physician believed it would aid in injured worker management. The clinical documentation sub for review failed to provide documented rationale for the request. Given the above, the request for x ray of cervical and lumbar spine is not medically necessary.