

Case Number:	CM14-0131360		
Date Assigned:	08/20/2014	Date of Injury:	01/11/2010
Decision Date:	01/06/2015	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/18/2014

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 Minnesota. 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 was injured on January 11, 2010. She complained of recurrent low back pain, and left sided radicular pain. On 2/4/2010 a laminectomy was performed at L5-S1 on the left. The notes indicate that the procedure was performed for a recurrent herniation at that level. The date of the first surgery is not known. She subsequently developed chronic low back pain with bilateral sacroiliac joint dysfunction. She underwent a left sacroiliac joint injection on 7/26/2013 and bilateral sacroiliac joint injections on 11/8/2013. On a progress note of January 21, 2014 it is noted that the pain relief only lasted 1-2 days after each injection. The diagnosis included chronic low back pain, left sided radicular symptoms, left sacroiliac joint dysfunction, degenerative disc disease, lumbar spine, facet arthropathy, lumbar spine, herniated nucleus pulposus, L3-L4, L4-L5, and L5-S1, status post laminectomy x 2, foraminal stenosis, L3-L4, L4-L5, and L5-S1, chronic bilateral trochanteric bursitis, sleep disturbance secondary to pain, depression secondary to her industrial injury, sexual dysfunction secondary to severe intractable lower back pain, probable neuropathic sacral pain and coccygodynia, and prior chest pain of unknown etiology. Treatment had included sacroiliac joint injections, physical therapy, baclofen, and antidepressants. Magnetic resonance imaging was reported as "At L3-L4 level there is a mild narrowing of the central canal, At L5-S1 level there is mild encroachment upon bilateral L5 roots secondary to disc bulges and broad based posterior disc bulges abutting the left S1 nerve root with no definite displacement of the spinal nerve root. At level L4-L5 there is a mild circumferential disc bulge seen". Progress report showed lumbar tenderness and spasm present. She was tender over the greater trochanters and sacroiliac joints, left more than right. Treatment plan included antidepressants, baclofen, Lidoderm patches, physical therapy, light work duty, and a request for authorization for bilateral sacroiliac joint fusions. The disputed issue pertains to the request for bilateral sacroiliac fusions which was

denied by Utilization Review citing ODG guidelines which consider the sacroiliac fusion as a procedure of last resort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral sacroiliac joint 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), 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) Section: Hip and Pelvis, Topic: Sacroiliac joint fusion

Decision rationale: California MTUS guidelines do not address sacroiliac fusion. ODG guidelines indicate sacroiliac fusion is not recommended except as a procedure of last resort. The injured worker has chronic low back pain and the guidelines indicate that there are no validated diagnostic tests that can link low back pain to the sacroiliac joint. Surgery for the sacroiliac joint is controversial and is generally not recommended. Based upon the above the request for bilateral sacro-iliac fusions is not medically necessary.

Inpatient hospital stay, QTY: 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative history and physical examination: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.