

Case Number:	CM14-0193167		
Date Assigned:	11/26/2014	Date of Injury:	06/16/2010
Decision Date:	01/23/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 45-year-old male with an injury date of 6/16/2010. He underwent 2 carpal tunnel surgeries in 2010, L5-S1 fusion in 2011, left shoulder arthroscopy in 2012, and implantation of a spinal cord stimulator on 11/13/2013, 1/6/2014, and 8/26/2014. There is a history of chronic pain syndrome with failed low back surgery. A lumbar CT-myelogram showed the L5-S1 fusion to be solid. Mild disc bulges were present at L2-3, L4-5, and L1-2. Bilateral sacroiliac joint arthrogram with steroid injections was performed on 9/29/2014. On 10/8/2014 he stated that the injections had improved his radicular symptoms. However, the degree of pain relief and the duration of pain relief after the injections were not documented. The provider has recommended bilateral sacroiliac fusions. This was non-certified by utilization review on November 3, 2014 stating that there was no clinical examination by an orthopedic surgeon present in the record that documents the rationale for bilateral sacroiliac joint fusions in an individual being treated for failed back syndrome in a chronic pain management program with significant opioid requirements. The sacroiliac joints have not been confirmed as the pain generator. There was a lack of objective rationale present in the record to support the recommendation for the sacroiliac joint fusions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint fusion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvic 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 and Pelvis, Sacroiliac Joint Fusion.

Decision rationale: California MTUS guidelines do not address this issue. ODG guidelines are therefore used. Sacroiliac joint fusion is not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. The history here is that of chronic low back pain with a failed lumbosacral fusion. There is associated radicular pain documented in both lower extremities. Guidelines indicate that the diagnosis of sacroiliac pain is controversial and difficult to make accurately and the evidence basis for the fusion to treat this vague diagnosis is weak and conflicted. There are no valid dated diagnostic tests that can link low back pain to the sacroiliac joint area. This patient did not have a pelvic ring fracture or other trauma to the sacroiliac joint. His symptoms are bilateral. The degree of pain relief and the duration of pain relief from sacroiliac joint injections is not documented. He is using a spinal cord stimulator for pain relief. There is no orthopedic evaluation on record and the rationale for fusing both sacroiliac joints is not presented. Evidence-based guidelines do not recommend sacroiliac fusions for failed low back surgery. As such, the request for bilateral sacroiliac fusions is not supported by guidelines and medical necessity is not substantiated.