

Case Number:	CM14-0199465		
Date Assigned:	12/09/2014	Date of Injury:	09/08/2003
Decision Date:	01/21/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/30/2014

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 Spinal Surgery and is licensed to practice in New York. 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 patient is a 41-year-old female with chronic back pain. Treatment has included physical therapy, epidural steroid injections, TENS unit and medications. The patient had lumbar surgery in January 2006. She had a trial of spinal cord stimulator in February 2007. She had additional lumbar surgery in 2008. The patient had removal of spinal hardware and exploration of her fusion in 2010. She continues to have chronic low back pain. On physical examination she is reduced range of motion of the lumbar spine. She has tenderness palpation lumbar spine. She does well-healed surgical scar. MRI lumbar spine from 2011 shows multiple levels of degenerative disc condition. CT scan shows L5-S1 posterior lateral fusion is not solid. The patient had sacroiliac blocks that provided temporary pain relief. At issue is whether sacroiliac joint fusion is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient bilateral sacroiliac joint fusion: Upheld

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

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

Decision rationale: This injured worker does not meet establish criteria for bilateral sacroiliac joint fusion per The Official Disability Guidelines, low back pain chapter. Specifically, there is no radiographic study that shows SI joint degeneration. There is no documented physical examination that shows SI joint pain on physical exam. The diagnosis of SI joint dysfunction is not clearly established in the medical records. The patient has documented failure fusion of L5-S1 and chronic back pain. Medical necessity for bilateral SI joint fusion has not been established. SI joint fusion is not medically necessary.

Assistant surgeon: 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.

Outpatient history and physical to clear patient for surgery: 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.

Inpatient hospital length of stay for two 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.

Electrocardiogram: 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.

Lab work; kidney, ureter and bladder: 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.

Pharmacy purchase of Norco 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Guidelines do not recommend narcotics for treatment of patients with chronic back pain. In addition this patient has had previous narcotic therapy without documented functional improvement in the medical records. The request is not medically necessary.