

<b>Case Number:</b>	CM14-0204023		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	09/24/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 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 injured worker is a 52 year-old female, who was injured on September 24, 2010, while performing regular work duties. The mechanism of injury is to the low back, from moving and lifting boxes. In an evaluation on July 17, 2014, the injured worker reports having had 50% improvement for approximately 5 weeks, following a sacroiliac joint block injection. The physical findings are normal dermatome testing of the lower extremities, normal muscle group testing, and tenderness at the sacroiliac joint. An evaluation on August 28, 2014, indicates physical findings of tenderness over the right sacroiliac joint, and a positive provocative test. A report on September 8, 2014, of the right sacral iliac joint injection, is provided for this review. An evaluation on October 23, 2014, indicates the injured worker presents with continued complaints of low back pain with radiation to the right buttocks and right thigh, and occasional tingling in toes on the right side. The injured worker reports having had "some improvement after the repeat sacroiliac injection". The physical findings are tenderness at the sacroiliac joint, FABER/Patrick's test positive, Gaenslen test positive, and Thigh thrust test positive. The request for authorization is for a sacroiliac joint fusion. The primary diagnosis is disc herniation with minimal left lateral recess narrowing at L4-5. On November 7, 2014, Utilization Review non-certified the request for a sacroiliac joint fusion, based on ODG guidelines. This patient has chronic low back pain. The patient is diagnosed with disc herniation and spinal stenosis at L4-5. The patient is a 52-year-old female with chronic back pain. She's had lumbar epidural steroid injection, discogram, facet injections and physical therapy with minimal relief. She's also had acupuncture. She had right SI injection. She takes narcotics for pain. The medical records documented no initial improvement with right SI injection. The patient continues to have chronic pain. On physical examination his tenderness to palpation of the right SI joint. There is a

positive Faber test. There is limited range of motion of the lumbar spine. 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:

**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, Hip and Pelvis

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back chapter

**Decision rationale:** This patient does not meet criteria for SI joint fusion. Specifically the medical records do not document imaging studies showing SI joint pathology. In addition the patient has MRI showing lumbar spine degenerative pathology. It remains unclear from the physical exam and medical records at the SI joint is a clear indicator of the patient's pain. Initial SI joint injection did not give relief. Also, long-term outcomes of SI joint fusion remain unknown. Complications of SI joint fusion a long-term remain unknown. SI joint fusion is not medically necessary.