

Case Number:	CM14-0216545		
Date Assigned:	01/06/2015	Date of Injury:	06/16/2010
Decision Date:	07/30/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

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 who sustained an industrial injury on 06/16/2010. Diagnoses include cervical radiculopathy, status post thoracic spinal cord stimulator x 2, left shoulder rotator cuff tear status post repair, status post L5-S1 anterior and posterior fusion, post-operative lumbar radiculopathy-bilateral, versus chronic regional pain syndrome and posterior pseudarthrosis L5-S1. Treatment to date has included status post L5-S1 fusion, spinal cord stimulator implantation in 2013 with revision on 01/06/2014, and status post left shoulder arthroscopy, acromioplasty, distal clavicle excision and extensive debridement on 10/03/2012. In addition he has had diagnostic studies, medications, epidural steroid injections, and sacroiliac joint injections which provided 80 percent relief of his pain, allowing him to get out of his wheelchair. A physician progress note dated 11/24/2014 documents the injured worker complains of bilateral S1 joint pain rates it as 10 on the Visual Analog Scale without medications, and 4-6 with medications. The injured worker had tenderness over the right paracervical muscles, and there is a decrease in sensation on the right upper extremity in a C6 more than C7 dermatome. He walks with an abnormal gait pattern, and utilizes a motorized scooter for ambulation. There is tenderness of the paravertebral muscle on the left, and tenderness over the bilateral sacroiliac joints. There is a positive Fortin's sign, positive Pelvic compression and positive Gaensien's sign bilaterally. He has restricted range of motion. Treatment requested is for associates surgical services: (1) day stay at [REDACTED], associates surgical services: assistant surgeon, associates surgical services: front wheel walker,

associates surgical services: intermittent pneumatic compression device, associates surgical services: medical pre-operative, bilateral SI joint fusion and follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI 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) Spinal Fusion Chapter-Sacroiliac fusion.

Decision rationale: The ODG guidelines indicated that sacroiliac fusion is not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. Documentation shows on 9/10/2014 that the patient was doing well, pain was under control while he was using his spinal cord stimulator. The provider opines patient should be a candidate for fusion despite the fact of adverse episodes following prior surgery and the fact the patient has only had the one successful positive response following the injection. The guidelines recommend injections plural. The operative note of the injection does not disclose a blinded procedure. The requested treatment: Bilateral SI Joint Fusion is not medically necessary and appropriate.

Associates Surgical Services: Medical Pre-operative: 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.

Associates Surgical Services: 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.

Associates Surgical Services: (1) Day hospital stay: 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.

Associates Surgical Services: Intermittent Pneumatic compression device: 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.

Associates Surgical Services: Front wheel walker: 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.

Follow-up in 2 months: 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.