

Case Number:	CM15-0005589		
Date Assigned:	01/26/2015	Date of Injury:	06/21/2009
Decision Date:	03/30/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/12/2015

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: California
 Certification(s)/Specialty: Orthopedic 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 59 year old male, who sustained an industrial injury on 6/21/2009. The current diagnoses are L4-S1 pseudoarthrosis, status post L4-S1 posterior spinal instrumentation and fusion, regional pain syndrome of the right lower extremity, failed back syndrome, and status post removal of spinal cord stimulator (12/12/2013). Currently, the injured worker complains of ongoing, worsening right-sided back and buttocks pain over the right sacroiliac joint. He rates the pain 8-9/10 on a subjective pain scale. Exam note from 12/12/14 demonstrates worsening symptoms. Right sacroiliac joint injection is noted to have provided temporary relief. Normal neurologic examination is noted. Tenderness is noted over the right sacroiliac joint and right sciatic notch. Current medications are Celebrex, Colace, Cymbalta, Lyrica, Percocet, Prilosec, Prozac, and Senokot. Treatment to date has included medications and right SI joint injection (6/11/2014), which temporarily improved his symptoms. The treating physician is requesting inpatient stay x 1 for right SI joint fusion with assistant surgeon, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for inpatient stay x 1 for right SI joint fusion with assistant surgeon. The SI joint fusion was non-certified based on no indication the patient has undergone psychological clearance. Furthermore, it appears the injured worker is still a candidate for lumbar revision surgery with a documented pseudoarthrosis. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Stay x 1 for Right SI Joint Fusion with Assistant Surgeon: 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), Hip and Pelvis chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint fusion. According to the Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion is not recommend except as a last resort for chronic or severe sacroiliac joint pain. Guideline indications include post traumatic injury to the sacroiliac joint with chronic pain lasting for years. In this case the exam notes from 12/12/14 do not demonstrates severe sacroiliac joint pain or chronic pain over the area for years. Therefore the determination is for non-certification.