

Case Number:	CM15-0005744		
Date Assigned:	01/26/2015	Date of Injury:	02/25/1999
Decision Date:	03/30/2015	UR Denial Date:	12/19/2014
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 57 year old male, who sustained an industrial injury on February 25, 1999. He has reported an injury to the low back when lifting a case approximately 200 lbs. in weight. The diagnoses have included lumbar disc degeneration and displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included lumbar surgery, localized injections and pain medication. Exam note 12/2/14 demonstrates the injured worker complains of low back pain which radiates to the bilateral lower extremities, right greater than left. The pain was characterized as stabbing, burning, and aching. The injured worker reported tingling and numbness in the bilateral feet and hands and reported that he is doing well with his Lyrica. A sacroiliac injection on the right provided relief for one week. The documentation reveals that the evaluating physician noted that there is a loosening of internal fixation of the left sacroiliac joint with symptoms and the treatment plan was for surgical revision of the left sacroiliac joint arthrodesis. On December 19, 2014 Utilization Review non-certified a revision of S1 joint effusion with internal fixation noting that there is no documentation of recent imaging which demonstrates hardware failure or an acute indication for a revision process nor demonstration as the sacroiliac joint is the injured worker's major source of pain. The Official Disability Guidelines was cited. On January 12, 2015, the injured worker submitted an application for IMR for review of revision of S1 joint fusion with internal fixation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision of S1 joint fusion with internal fixation: 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) Sacroiliac Joint Fusion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 12/2/14 do not demonstrates radiographic evidence of hardware failure or loosening by an independent radiologist. Therefore the determination is for non-certification.