

Case Number:	CM15-0103136		
Date Assigned:	06/05/2015	Date of Injury:	10/07/2010
Decision Date:	09/23/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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: Illinois, California, Texas
 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:

This injured worker is a 49-year-old female who sustained an industrial injury on 10/7/10. Injury occurred relative to striking her left leg on a computer monitor and falling out of a chair. She underwent lumbar spine surgery in May 2013. The 4/13/15 treating physician report cited tenderness over the left trochanteric bursa. The injured worker was going to water therapy. Medications included Flexeril, gabapentin, naproxen, Ambien, and Norco. Physical exam documented the left sacroiliac joint to be very tendon, and lumbar range of motion limited due to pain and stiffness. There was tenderness with left shear force, compression, FABER, and Gaenslen's testing. There was 4/5 left extensor hallucis longus, peroneal, and posterior tibialis weakness, and 4/5 right iliopsoas weakness. She had severe left hip and sacroiliac pain and was a likely candidate for SI joint fusion. She had positive pain on provocative testing of the left SI joint and great relief with an SI joint injection performed. She had failed physical therapy to the lumbar spine and SI joint. Updated radiographs of the pelvis and hips were ordered. Authorization was requested for left sacroiliac joint fusion with one-day stay, and a front wheeled walker. The diagnosis was listed as disorder of the sacrum, arthralgia pelvic region, and radiculopathy. The 5/8/15 utilization review non-certified the left sacroiliac joint fusion and associated requests as there was no documentation of any objective studies of the hip or pelvic being performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Joint Fusion with 1-day stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis (Acute & Chronic), Sacroiliac Joint Fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis Chapter, Sacroiliac Joint Fusion.

Decision rationale: The California MTUS Guidelines do not provide recommendations for sacroiliac joint fusion. The Official Disability Guidelines state that sacroiliac joint fusion is recommended on a case-by-case basis as a last line of therapy. SI joint fusion is not recommended for mechanical low back pain, non-specific low back pain, sacroiliac joint disruption (in the absence of major pelvic fracture), degenerative sacroiliitis, SI joint osteoarthritis, or SI joint mediated pain, as this procedure is considered investigational for these indications. Guideline criteria have not been met. This injured worker presents with left hip and sacroiliac pain. Provocative testing was positive for left sacroiliac joint pain and a sacroiliac injection produced good pain relief. Detailed evidence of a comprehensive non-operative treatment protocol trial and failure has not been submitted. There are no current imaging findings or diagnostic rationale provided to support the medical necessity of surgical intervention at this time. Therefore, this request is not medically necessary.

Associated Surgical Service: 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.