Case Number:	CM15-0104123		
Date Assigned:	06/08/2015	**Date of Injury:**	03/31/2000
Decision Date:	07/10/2015	**UR Denial Date:**	05/12/2015
Priority:	Standard	**Application Received:**	05/29/2015

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:

The injured worker was a 52-year-old female who sustained an industrial injury on 3/31/00. Injury occurred when she lifted a heavy tank full of fluid in a 15-20 gallon bucket while working in a photo lab. Past medical history was positive for hypertension and current smoking. The 12/18/14 treating physician report indicated the injured worker's left sided low back pain was 95% better following radiofrequency ablation with some residual sacroiliac joint discomfort. The 1/22/15 treating physician report cited chief complaint of grade 7/10 left buttock and hip pain, with similar symptoms on the right and some groin and hip pain. Bilateral sacroiliac injections had recently been performed with one week of complete symptoms relief, followed by return of symptoms. Current medications included MSContin 90 mg twice daily, Valium 10 mg daily, and occasional Alprazolam. Medications provided partial relief of her symptoms. Physical exam documented gait favoring the left leg, exquisite left and significant right sacroiliac joint and greater trochanter tenderness, and positive Faber's and pelvic rock tests on the right. The diagnosis was lumbar facet pain (doing well status post radiofrequency ablation), and secondary sacroiliitis, left greater than right, not very responsive to treatment. Referral to a pelvic specialist was recommended for possible sacroiliac joint fusion. The 3/10/15 orthopedic consult report cited a 15 year history of posterior pelvic pain. She had undergone extensive work-up for complaints of low back and posterior pelvic pain. Treatment had included multiple epidural injections, bilateral sacroiliac injections, and radiofrequency treatment. Pain was slightly greater on the left, aggravated with prolonged standing and walking, and debilitating. Conservative treatment had included physical therapy and oral anti-inflammatories. Physical exam

documented very slow paced gait, slightly hunched over. Exam was reported as inconsistent. She described moderate to severe pain in the posterior pelvic area. Pelvis was stable to anterior, posterior, and lateral compression. There was moderate tenderness to deep palpation over the sacroiliac joints and lower lumbar region. Bilateral hip range of motion was painless in the sitting position. Lumbar range of motion was decreased in forward flexion, extension, and lateral bending with pain. There was normal lower extremity motor strength, deep tendon reflexes and reflexes. Faber test was inconsistent, greater left than right. X-rays of the pelvis showed slight bilateral sacroiliac joint sclerosis, otherwise unremarkable. Low back x-rays showed degenerative joint disease. The diagnosis was rule-out bilateral sacroiliitis. She had undergone bilateral sacroiliac joint injections with subjective improvement. The treatment plan recommended pelvic bone scan to assess for inflammatory reaction in the sacroiliac joints. If the bone scan is positive, bilateral sacroiliac joint arthrodesis would be considered. She had a long history of low back pain with diagnosis of lumbar degenerative joint disease. Given her long history and chronic pain medications, operative treatment had the possibility of poor outcome. The 4/17/15 pelvic bone scan impression documented left anterior vertebral focal radiotracer uptake at the L5/S1 level that was moderately intense and abnormal, but could be due to mild degenerative changes. There was bilateral posterior vertebral uptake at the L4/5 that was moderately intense, slightly more on the right side and could also be due to degenerative changes and bilateral old spondylosis. There was no abnormal radiotracer uptake within the remaining pelvic bones. Sacroiliac uptake was symmetric, within physiologic limits and without focal intensity. The 4/28/15 orthopedic progress report documented follow-up for left sided posterior pelvic pain. Physical exam documented the injured worker was walking with a limp on the left side. She had full left hip range of motion, positive Faber test, and moderate tenderness over the left sacroiliac joint. The diagnosis was left sacroiliitis. The treating physician reported the injured worker had continued moderate to severe left sided posterior pelvis pain, positive radiographs for underlying arthrosis, increased bone scan activity which was interpreted as physiological, and previous corticosteroid injection with temporary relief. Authorization was requested for left sacroiliac arthrodesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sacroiliac Fusion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Sacroiliac joint fusion and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders (Revised 2007), page(s) 221.

Decision rationale: The California MTUS guidelines do not address sacroiliac (SI) joint fusion. The ACOEM Revised Low Back Disorder guidelines do not recommend SI joint fusion surgery or other SI joint surgical procedures for treatment of any lower back pain condition. It may be

recommended for treatment of severe pelvic fractures with or without instability. The Official Disability Guidelines (ODG) do not recommend SI joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of SI joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Guideline criteria include post-traumatic injury of the SI joint (e.g., following pelvic ring fracture), OR all following: Failure of non-operative treatment; Chronic pain lasting for years; Diagnosis confirmed by pain relief with intraarticular SI joint injections under fluoroscopic guidance - positive response to the injection was noted, and patients had recurrence of symptoms after the initial positive; Preoperative and postoperative general health and function assessed; and, Medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Guideline criteria have not been met. This injured worker presents with left greater than right sacroiliac joint pain. Records documented a positive response to sacroiliac joint injections. Clinical findings do not evidence consistent provocative testing consistent with sacroiliac joint pathology. There was radiographic evidence of slight sacroiliac joint sclerosis. Bone scan reported symmetric uptake in the sacroiliac joint which was within physiologic limits. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial directed to the left sacroiliac joint and failure has not been submitted. Additionally, there is no documentation of pre-operative health assessment. Given the lack of guideline support for this procedure, this request is not medically necessary.