

Case Number:	CM15-0017675		
Date Assigned:	02/05/2015	Date of Injury:	07/08/2011
Decision Date:	05/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/29/2015

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: Oregon, California

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 52-year-old male who reported an injury on 07/08/2011. The mechanism of injury was changing tires on 2 different vehicles and the injured worker injured himself again while changing tires on another vehicle. The surgical history included a bilateral laminotomy and partial facetectomy with discectomy at L4-5 and L5-S1. The injured worker also had a posterior interbody fusion. The injured worker was noted to utilize opioids since at least 2013. The documentation of 01/07/2015 revealed the injured worker utilized chiropractic care and acupuncture therapy for 6 to 8 sessions and braces. The physical examination revealed a well-healed surgical scar measuring approximately 15 cm with evidence of mild erythema and drainage. There is mild tenderness to palpation bilaterally in the paraspinal muscles with 2+ spasms. The range of motion was diminished with flexion to 30 degrees, extension to 10 degrees, and right and left lateral bending to 10 degrees. The straight leg raise was positive bilaterally in the sitting position at 30 degrees, left greater than right. The injured worker had tenderness to palpation over the left greater trochanter and IT band. The injured worker had 3+ tenderness to palpation at the SI joints. The pelvic compression test was positive, as was the Geisner. The injured worker was noted to undergo a lumbar CT scan on 03/07/2014, which revealed mild degenerative disc disease at the fused levels and mild multilevel joint facet arthropathy. At L5-S1, there was mild neural foraminal narrowing from disc osteophyte complex. There was no high-grade spinal canal stenosis. The diagnoses included a bilateral SI joint fusion. Additionally, the request was made for Norco 10/325 mg #120 1 by mouth every 6 hours as needed.

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: 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, Sacroiliac Joint Blocks.

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 Official Disability Guidelines indicate a sacroiliac joint fusion is not recommended, except as a last resort for chronic or severe sacroiliac joint pain. There should be documentation of post-traumatic injury of the SI joint or documentation of a failure of all non-operative treatment, chronic pain lasting for years, diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance, preoperative and postoperative general health and function assessed, and that medical records have a plain radiograph that has been reviewed retrospectively to determine the clinical and radiographic outcome. The clinical documentation submitted for review indicated the injured worker had utilized chiropractic care and acupuncture. The physical examination revealed tenderness over the left greater trochanter and IT band with 3+ tenderness to palpation in the SI joints and a positive pelvic compression testing and Geisner test. The injured worker had an SI joint injection that gave 2 to 3 weeks of relief from low back pain. The injured worker was noted to undergo chiropractic care and acupuncture care. However, there was a lack of documentation of a recent failure of conservative care. The duration of conservative care was not provided and there was a lack of documentation indicating whether the conservative care was directed at the SI joints. The duration of pain was not provided. Given the above, the request for bilateral SI joint fusion is not medically necessary.

Associated Surgical Service: Hospital Stay (2 days): 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.

Associated Surgical Service: Lab Work: 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.

Associated Surgical Service: EKG: 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.

Associated Surgical Service: Chest X-Ray: 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.

Associated Surgical Service: 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.

Pre-Operative Clearance: 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.

Norco 10/325mg #120: 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.