

Case Number:	CM15-0133626		
Date Assigned:	07/21/2015	Date of Injury:	07/16/2012
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 56 year old female who sustained an industrial injury on 07/16/2012. There was no mechanism of injury documented. The injured worker was diagnosed with lumbar intervertebral disc, degenerative joint disease and sciatica. The injured worker is status post right total knee replacement in March 2013, transforaminal lumbar discectomy with interbody fusion at L5-S1 in May 2014, methicillin resistant staphylococcus aureus (MRSA) wound dehiscence right ankle and wound debridement, bone biopsy and second degree wound closure on March 30, 2015. Treatment to date has included diagnostic testing, multiple surgeries, lumbar epidural steroid injections, trigger point injections, wound care, physical therapy, psychological evaluation and therapy, Cam walker and medications. According to the primary treating physician's progress report on February 17, 2015, the injured worker continues to experience low back and left hip pain. The injured worker rates her pain level at 8/10. Examination demonstrated Gaenslen's and Patrick's signs positive on the left. There was tenderness over the left sacroiliac (SI) with positive pelvic compression test. Current medications were not documented. Treatment plan consists of left sacroiliac (SI) injections under fluoroscopy and the current request for pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pre-operative medical clearance: 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) pre-operative clearance.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states pre-operative clearance is used for risk stratification depending on co-morbid conditions and type of surgery. It is needed for the planned management of the patient during and post operatively. The request however is for preoperative clearance for a sacroiliac joint injection which is typically not required. The patient has no other co-morbid conditions to require this service and the request is not medically necessary.