

Case Number:	CM15-0182169		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2015
Decision Date:	11/24/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/14/2015

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, Indiana, Oregon
 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 48 year old female, who sustained an industrial injury on 04-25-2012. The injured worker was diagnosed as having right sacroiliac joint dysfunction. On medical records dated 08-17-2015, subjective complaints were noted as right buttock pain. Low back and right buttock pain was rated at 7 out of 10 with medication and 9 out of 10 without medication. Physical examination did not note any finding on right buttock or low back on medical record 08-17-2015. The injured worker was noted to be temporary totally disabled. Treatments to date included medication and right sacroiliac joint block. Current medication was listed as Protonix Dr, Anaprox DS, Fexmid, Bactrim DS, and Norco. The Utilization Review (UR) was dated 08-25-2015. A Request for Authorization was dated 08-17-2015. The UR submitted for this medical review indicated that the request for right sacroiliac (SI) joint fusion, association surgical service: assistant surgeon, post op physical therapy 3 times a week for 6 weeks, pre-op medical clearance and associated surgical service: hospital stay for 1 day was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sacroiliac (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 & Pelvis (updated 08/20/15) Online Version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CAMTUS/ACOM is silent on the issue of sacroiliac arthrodesis. Per ODG guidelines Hip and Pelvis section, SI joint arthrodesis is to be used as a last resort for unremitting pain for post-traumatic arthritis (from fracture) or similar unremitting pain (for years) after failing all reasonable non-operative treatment including physical therapy and home exercise program and having demonstrated improvement with intra-articular injection with subsequent return of symptoms. Based on the clinic notes, there is not supporting evidence of the above, therefore the requested procedure is not 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post op physical therapy 3 times per week for 6 weeks: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Pre-op 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 cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical service: Hospital stay for 1 day: 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.