

Case Number:	CM15-0195945		
Date Assigned:	10/14/2015	Date of Injury:	06/05/2013
Decision Date:	12/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 39 year old female, who sustained an industrial injury on 6-5-2013. The medical records indicate that the injured worker is undergoing treatment for right low back pain, right lateral hip pain, L4-5 central annular tear and retrolisthesis with bilateral foraminal stenosis, and L3-4, L5-S1 broad based disc bulge. According to the progress report dated 9-2-2015, the injured worker presented with complaints of right low back pain with radiating pain, numbness, and tingling in her right leg into her foot. The level of pain is not rated. The physical examination reveals tenderness to palpation in the right low back. She has pain with lumbar flexion and extension. There is pain in the right lateral hip and in the sacroiliac joint area with internal rotation. The current medications are Vicodin, Prilosec, and Lorazepam. Previous diagnostic studies include x-rays, MRI, CT, and nerve tests. Treatments to date include medication management, physical therapy (worsened symptoms), transforaminal epidural steroid injection, right sacroiliac joint injection (improvement), and facet joint injections (no improvement). Work status is described as temporary partial disability. The original utilization review (9-9-2015) had non-certified a request for right posterior sacroiliac joint fusion with allograft and neuro monitoring and all associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right posterior sacroiliac joint fusion with allograft and neuromonitoring between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip & Pelvis (Acute & Chronic) Sacroiliac fusion (2015).

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

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, specifically level of pain or response to injection, therefore the requested procedure is not medically necessary.

Associated service: 1 inpatient stay for 1-2 nights between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

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

Associated service: 1 assistant surgeon between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cms.gov/apps/physician-fee-schedule/overview.aspx).

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

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

Pre- operative medical clearance blood work between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National collaborating Centre for Acute Care.

Preoperative test: the use of routine preoperative tests for elective surgery: evidence , methods & guidance. London 9UK): national institute for Clinical Excellence (NICE); 2003 Jun. 108 p..

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

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

Pre- operative medical clearance chest w-ray between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National collaborating Centre for Acute Care. Preoperative test: the use of routine preoperative tests for elective surgery: evidence , methods & guidance. London 9UK): national institute for Clinical Excellence (NICE); 2003 Jun. 108 p..

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

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

Associated service: 8 aquatic physical therapy sessions: lumbar spine between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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

Associate service: 12 land physical therapy sessions: lumbar spine between 9/4/2015 and 1/2/2016: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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

Associate service: 1 lumbar spine corset between 9/4/2015 and 12/3/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

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