

<b>Case Number:</b>	CM15-0206149		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	09/14/1992
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: New York, Montana, 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 61 year old female, who sustained an industrial injury on 9-14-1992. The injured worker was diagnosed as having chronic left sacroiliac joint pain. Treatment to date has included diagnostics, caudal epidural steroid injection, physical therapy, 3 sacroiliac joint injections on the left, T12 to ilium fusion in 4-2012, and medications. On 3-05-2015 (neurosurgery progress report), the injured worker complains of sharp pain in her back, mostly on the left side, rated 9 out of 10 in severity. The pain radiated down the back of her left thigh to heel, and across her foot, involving the big toe and second toe. She also had shooting pain up her back, along with numbness and tingling. Failed medications included Neurontin, Elavil, and Cymbalta. She had 3 sacroiliac joint injections on the left, noting the first injection provided at least 60% relief for about 2 weeks and the last injection was less effective. Medications as of 3-05-2015 included Topamax, Tramadol, Lamotrigine, Trazodone, Norco, Atenolol, Valium, Percocet, and Medrol. A review of symptoms was positive for sudden pain in rectum and urinary urgency-incontinence. Exam noted diffuse tenderness to palpation in the lumbar, sacral, and coccygeal area and severe tenderness over the sacroiliac joints, left greater than right. Motor strength was 5 of 5 and sensation was diminished in the right L4-S2 dermatomes and left L4-5 and S2 dermatomes. Knee and ankle jerk reflexes were 0 bilaterally. Straight leg raise was positive on the left, Patrick's was positive on the left, Gaenslen's positive on the right (unable to perform on left due to severe pain), thrust test positive bilaterally, and iliac compression was positive producing back pain. X-rays were reviewed and showed "evidence of a prior long segment fusion from T12 to the ilium with an anterior lumbar interbody fusion at L5-S1" and

"Degenerative changes bilaterally in the sacroiliac joints". The treatment plan included a left side sacroiliac joint fusion and associated surgical services, non-certified by Utilization Review on 10-02-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Sacroiliac joint fusion, left side: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute and 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 and Pelvis chapter-sacroiliac fusion.

**Decision rationale:** The ODG guidelines recommend consideration of a sacroiliac fusion only after extensive period of conservative treatment. If sacroiliac injections are used to identify a pain generator then marked relief is expected were fusion to be considered. Documentation shows that only 60% relief on one block was obtained while considerably less with others. The guidelines also note that SI joint fusion is not recommended for ill-defined low back pain or sacroilitis. Thus documentation does not support this requested treatment. The requested treatment: Sacroiliac joint fusion, left side is not medically necessary and appropriate.

**Pre-operative evaluation with 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.

**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.

**Pre-operative lab: CBC inc Platelets:** 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 lab: chem 12:** 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 labs: PT, PTT:** 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 labs: UA with and without micro:** 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.