

Case Number:	CM15-0212958		
Date Assigned:	11/02/2015	Date of Injury:	03/08/2012
Decision Date:	12/15/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/28/2015

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 57 year old male, who sustained an industrial injury on 3-8-12. The injured worker was being treated for Herniated Nucleus Pulposus, radiculopathy and left sacroiliitis. On 10-7-15, the injured worker complains of lower back and sacroiliac joint pain rated 6-10 out of 10. Physical exam performed on 10-7-15 revealed tenderness to palpation of lumbar spine with limited range of motion and positive left Faber's. X-rays of left hip performed on 10-5-15 revealed a normal study and MRI of left hip performed on 10-5-15 revealed osteoarthritic changes of both hips, right greater than left with a small right hip joint effusion and mild right trochanteric bursitis; findings of a partially detached focal labral tear involving left hip. Treatment to date has included physical therapy, acupuncture, chiropractic treatment, modification of activities, 2 left sacroiliac injections with 80% improvement, pain management and pain medications. On 10-7-15 request for authorization was submitted for left sacroiliac joint fusion, bone grafting and stabilization, pre-operative medical clearance, assistant surgeon, SI belt low profile and 5 days at [REDACTED]. On 10-16-15 request for left sacroiliac joint fusion, bone grafting and stabilization, pre-operative medical clearance, assistant surgeon, SI belt low profile and 5 hospital stay was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac joint fusion, bone grafting stabilization/instrumentation with neuro monitoring: 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) Hip and Pelvis chapter-sacroiliac fusion.

Decision rationale: The ODG guidelines do recommend sacroiliac fusion based on a case by case review as a last line of treatment if the patient has corroborating physical findings and imaging. Documentation does not provide this support. No diagnosis of spondyloarthropathy causing sacroiliitis is found. Documentation states he had two sacroiliac injections and responded to one. The provider states that other causes of the patient's pain have been ruled out yet documentation noted a focal left hip labral tear. The requested treatment: Left sacroiliac joint fusion, bone grafting stabilization/instrumentation with neuro monitoring is not medically necessary and appropriate.

Preoperative 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: 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.

Associated Surgical Service: SI belt low profile: 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: 5 days inpatient stay: 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.