

<b>Case Number:</b>	CM15-0039529		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	08/31/2000
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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  
 Certification(s)/Specialty: Emergency Medicine

### 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 66-year-old male, who sustained an industrial injury on 08/31/2000. He has reported low back pain. The diagnoses have included multilevel degenerative disc disease and spondylosis of the lumbar spine; bilateral lower extremity radiculitis; and bilateral sacroiliac joint sprains and dysfunction. Treatment to date has included medications, bilateral sacroiliac joint injections, physical therapy, and surgical intervention. Medications have included Norco, Xanax, and Ambien. A progress note from the treating physician, dated 01/21/2015, documented a follow-up visit with the injured worker. Currently the injured worker complains of lower back pain, which radiates down his left leg with numbness in both of his thighs, as well as the medial aspect of the left ankle, plus some weakness. Objective findings included tenderness in the paraspinal muscles, right sacroiliac joint, and left sacroiliac joint; and range of motion of the lumbar spine is limited by severe pain mainly at the area of the right sacroiliac joint. The treatment plan has included surgical intervention and follow-up evaluation. Request is being made for Right Sacroiliac joint fusion; and Post Op Physical Therapy 2 x 6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RT Sacroiliac joint fusion:** 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, Hip and Pelvis, Sacroiliac Fusion.

**Decision rationale:** The requested RT Sacroiliac joint fusion is not medically necessary. CA MTUS is silent and Official Disability Guidelines, Hip and Pelvis, Sacroiliac Fusion, note, "Sacroiliac joint fusion not recommended except as a last resort for chronic or severe sacroiliac joint pain." The injured worker has chronic low back pain, which radiates down his left leg with numbness in both of his thighs, as well as the medial aspect of the left ankle, plus some weakness. Objective findings included tenderness in the paraspinal muscles, right sacroiliac joint, and left sacroiliac joint; and range of motion of the lumbar spine is limited by severe pain mainly at the area of the right sacroiliac joint. The treating physician has not documented current presence of 3 objective exam findings indicative of SI joint disease. The criteria noted above not having been met, RT Sacroiliac joint fusion is not medically necessary.

**Post Op Physical Therapy 2 x 6:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

**Decision rationale:** The requested Post Op Physical Therapy 2 x 6, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has chronic low back pain, which radiates down his left leg with numbness in both of his thighs, as well as the medial aspect of the left ankle, plus some weakness. Objective findings included tenderness in the paraspinal muscles, right sacroiliac joint, and left sacroiliac joint; and range of motion of the lumbar spine is limited by severe pain mainly at the area of the right sacroiliac joint. The treating physician has not documented current presence of 3 objective exam findings indicative of SI joint disease. The surgical request is not medically necessary, therefore making post-op physical therapy not medically necessary. Also, there is no objective evidence of derived functional improvement from previous physical therapy. The criteria noted above not having been met, Post Op Physical Therapy 2 x 6 is not medically necessary.