

Case Number:	CM15-0043017		
Date Assigned:	03/13/2015	Date of Injury:	09/24/2013
Decision Date:	04/20/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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
 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 54-year-old female injured worker suffered an industrial injury on 9/24/2013. The diagnosis was right sacroiliac disruption. The diagnostic studies were cervical and lumbar spine magnetic resonance imaging. The treatments were lumbar fusion, medications, injections, and physical therapy. The treating provider reported right sided buttock and leg pain with radiation down the leg 8/10. The requested treatments were: 1. Right Sacroiliac Joint Fusion 2. Pre-operative Examination with Electrocardiogram 3. Pre-Operative Laboratory Tests (Complete Blood Count with Differential, Comprehensive Metabolic Panel, Prothrombin, Partial Thrombin Time) 4. associated surgical service: 1 day inpatient stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Right Sacroiliac 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 Treatment in Workers' Compensation, Online Edition Hip and Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Pelvis Chapter-sacroiliac joint fusion.

Decision rationale: The ODG guidelines indications note that the patient must have failed non-operative treatment present for years. This patient has only had symptoms for a few months. The guidelines indicate the patient must have failed non-operative treatment. No evidence is presented this is the case. Her pain responded to a SI joint block. The documentation does not provide evidence the patient had a pelvic ring fracture. The requested treatment 1 right sacroiliac joint fusion is not medically necessary and appropriate.

Pre-operative Examination with Electrocardiogram: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Online Edition Chapter: Low Back - Lumbar & Thoracic.

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 Laboratory Tests (Complete Blood Count with Differential, Comprehensive Metabolic Panel, Prothrombin, Partial Thrombin Time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition Chapter 7 - Independent Medical Examinations and Consultations.

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: 1 day 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.