

<b>Case Number:</b>	CM15-0056836		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: Illinois, California, Texas  
 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 55-year-old female who sustained an industrial injury on 10/16/12. Injury occurred when she was lifting a large piece of equipment and it caught on something, and she pulled against resistance. She reported an immediate sharp pain in the right buttock, lower back. The 11/17/14 lumbar spine MRI impression documented mild to moderate multilevel spondylosis, as well as multilevel facet arthrosis at least moderately severe. There was minimal grade 1 anterolisthesis of L4 on L5. The combination of broad-based posterior disc bulges/protrusions and facet arthrosis resulted in mild central canal stenosis at L3/4 and moderately severe central canal stenosis at L4/5 with likely contact of the descending L5 nerve roots. There was no significant foraminal stenosis at any level. There was an incidental note of perineural cyst, right paramedian at the S1-S2 level. She underwent a diagnostic sacroiliac (SI) joint injection on 1/5/15. The 1/15/15 treating physician report cited continued right posterior gluteal, SI joint and lower lumbar spine pain. There were no radicular symptoms. The SI joint provided about a 40% improvement in pain shortly after the injection, which was more than her previous lumbar injections. Physical exam documented abnormal lumbosacral spine motion with pain, leg straight leg raise, tenderness to palpation of the buttocks, and normal muscle bulk with no ankle weakness. X-rays showed L4/5 anterior spondylolisthesis grade 1 with about 3 mm to 3.4 mm motion on flexion/extension views. The diagnosis was bilateral posterior gluteal pain/sciatica most likely related to the L4/5 severe stenosis and spondylolisthesis, and rule-out possible SI joint pain. The treatment plan recommended repeat right SI joint injection. The treating physician report opined that the patient had a component of SI joint pain and most likely

some referred pain from her spondylolisthesis and pretty significant stenosis. Treatment options included SI joint fusion versus lumbar decompression fusion, she may require both. She underwent a second SI joint injection on 3/2/15. Authorization was requested for a right SI joint arthrodesis on 3/12/15 for a diagnosis of sacroiliac joint pain and lumbago. The patient was reported capable of full duty work as an electrician. The 3/23/15 utilization review non-certified the request for SI joint fusion based on the absence of documented conservative treatment trial and failure, and localized pain with positive clinical or radiographic evidence relative to the SI joint.

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

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

#### **Sacroiliac joint fusion with instrumentation: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Hip and Pelvis, Sacroiliac joint fusion.

**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: Sacroiliac joint blocks; Sacroiliac joint fusion and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders (Revised 2007), page(s) 221.

**Decision rationale:** The California MTUS guidelines do not address sacroiliac (SI) joint fusion. The ACOEM Revised Low Back Disorder guidelines do not recommend SI joint fusion surgery or other SI joint surgical procedures for treatment of any lower back pain condition. The Official Disability Guidelines (ODG) does not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Per the ODG guidelines for sacroiliac blocks, a positive diagnostic response is 80% for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with persistent right low back and gluteal pain. She has significant lumbar disc disease on imaging, including spondylolisthesis and the potential for L5 nerve root compression. There is no imaging available of the SI joint. She underwent an initial SI joint block on 1/5/15 with 40% relief which is below the guideline threshold for a positive test, and a second block on 3/2/15 with no documentation of response. There are no clinical exam findings documenting positive SI joint motion palpation or pain with provocative testing. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.