

<b>Case Number:</b>	CM15-0058858		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	10/10/2007
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 42-year-old female, who sustained an industrial injury on 10/10/2007. Treatment to date has included physical therapy, medications and interventional pain injections. Currently the injured worker complains of pain at the sacroiliac joint with occasional numbness in the calf and dorsum of the foot on the right. Diagnoses include intervertebral disc displacement with myelopathy and numbness, disorders sacrum and arthralgia sacroiliac joint. The provider noted that the injured worker could not weight bear on the left side and had to sit and not weight bear that side. There were positive provocative findings on the physical exam for left sacroiliac joint pathology and the injured worker had failed conservative therapy. Treatment plan included left sacroiliac joint arthrodesis and a front wheeled walker. A progress report dated March 2, 2015 indicates that the patient underwent a sacroiliac injection on February 11, 2015 with 2 days of relief over 80%. The note indicates that the patient has bilateral chronic L5 radiculopathy and left-sided sacroiliac joint pain with occasional numbness in the calf and dorsum of the foot on the right. Physical examination findings revealed tenderness in the sacroiliac sulcus. Sacroiliac compression test, Gaenslen's test, and Faber tests are positive on the left sacroiliac joint. Diagnoses include sacroiliac joint dysfunction and intervertebral disc disorder. The treatment plan states that the patient has failed conservative treatment including physical therapy and recommends a left sacroiliac joint arthrodesis with front wheel Walker. Notes indicate the patient responded well to chiropractic treatment, acupuncture, and medications.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Left Sacroiliac Joint Arthrodesis:** 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).

**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 Arthrodesis.

**Decision rationale:** Regarding the request for sacroiliac joint arthrodesis, California MTUS and ACOEM do not contain criteria for this procedure. ODG states that Sacroiliac arthrodesis is not recommended except as a last resort after failure of all conservative treatment options, and confirmed diagnosis with sacroiliac joint injection. Within the documentation available for review, it is unclear that there are no additional treatment options available. It appears that the patient has radicular complaints with radicular findings on electrodiagnostic studies. There is no statement indicating that there are no further treatment options available to address these issues. Furthermore, the patient has reportedly responded well to conservative treatment in the past including chiropractic care, acupuncture, and medication. It is unclear that these options would be unable to address the patient's current complaints. Additionally, there is no indication of the patient has failed treatment with a sacroiliac belt as supported by guidelines. Additionally, the most recent sacroiliac joint injection is confounded by the use of anesthesia during the procedure. It is possible that the patient's positive response to the injection was a result of the anesthetic used and not the injection itself. In the absence of clarity regarding these issues, the currently requested sacroiliac joint arthrodesis is not medically necessary.

### **Twenty three hour observation:** 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), ICD-9 Index.

**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 Blocks.

**Decision rationale:** Regarding the request for 23 hour observation, it appears that this is intended to be used after the sacroiliac injection. The medical necessity criteria for sacroiliac injections have not been met, as discussed above. Therefore, the 23 hour observation would not be needed. As such, the currently requested 23 hour observation is not medically necessary.

### **Front Wheel Walker:** 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).

**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 Arthrodesis.

**Decision rationale:** Regarding the request for sacroiliac joint arthrodesis, California MTUS and ACOEM do not contain criteria for this procedure. ODG states that Sacroiliac arthrodesis is not recommended except as a last resort after failure of all conservative treatment options, and confirmed diagnosis with sacroiliac joint injection. Within the documentation available for review, it is unclear that there are no additional treatment options available. It appears that the patient has radicular complaints with radicular findings on electrodiagnostic studies. There is no statement indicating that there are no further treatment options available to address these issues. Furthermore, the patient has reportedly responded well to conservative treatment in the past including chiropractic care, acupuncture, and medication. It is unclear that these options would be unable to address the patient's current complaints. Additionally, there is no indication of the patient has failed treatment with a sacroiliac belt as supported by guidelines. Additionally, the most recent sacroiliac joint injection is confounded by the use of anesthesia during the procedure. It is possible that the patient's positive response to the injection was a result of the anesthetic used and not the injection itself. Since the medical necessity of the proposed procedure has not been met, the currently requested front wheel Walker is not medically necessary.