

Case Number:	CM15-0080950		
Date Assigned:	05/01/2015	Date of Injury:	11/15/2011
Decision Date:	06/02/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/27/2015

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: 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:

This injured worker is a 49-year-old female who sustained an industrial injury on 11/15/11. The mechanism of injury was not documented. Smoking history was positive for ½ pack a day for 20 years. Past medical history was positive for gastrointestinal bleeding. Conservative treatment had included thoracic and lumbar epidural steroid injections, medications, activity modification, and physical therapy, most recent course completed in April 2014 for the low back. The 3/20/15 orthopaedic surgeon report cited an overwhelmingly positive response to a diagnostic sacroiliac (SI) joint injection on 2/20/15 with at least 80% relief for 4 hours. She has had lumbar injections which did not result in any significant improvement. She had multiple courses of structured physical therapy without benefit, if anything she had gotten worse. Physical exam documented exquisite tenderness over the left SI joint. Sacroiliac maneuvers were overwhelmingly positive, including very positive Gaenslen's and thigh-thrust and FABER tests. She had left sided sacroiliac arthropathy confirmed by fluoroscopically guided injections into the SI joint. She had failed to respond to multiple courses of structured physical therapy. She remained highly debilitated. Authorization was requested for left SI joint fusion, pre-operative medical clearance and a pair of crutches. The 4/9/15 utilization review non-certified the request for left sacroiliac fusion and associated surgical requests as there were no imaging studies that documented abnormalities such as arthritis or severe degeneration to reach the threshold to require fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 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 (ODG) Hip and Pelvis (updated 10/09/2014) Online Version.

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 fusion.

Decision rationale: The California MTUS do not provide recommendations for treatment of chronic pelvic injuries. The Official Disability Guidelines do 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. Indications for SI joint fusion include post-traumatic injury of the SI joint (e.g., following pelvic ring fracture). Other criteria include all of the following: failure of non-operative treatment; chronic pain lasting for years; diagnosis confirmed by pain relief with intraarticular sacroiliac joint injections under fluoroscopic guidance; preoperative and postoperative general health and function assessed, and medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Guideline criteria have not been met. This patient presents with chronic and debilitating low back and left buttock pain. She had a positive response to recent diagnostic SI joint injection and clinical exam findings are consistent with SI joint dysfunction. However, there are no current radiographic studies of the pelvis/SI joint noted in the records. There is no evidence of therapeutic SI joint blocks or recent focused physical therapy or manipulative treatment. There is a positive smoking history with no discussion of smoking cessation relative to the requested fusion. Therefore, this request is not medically necessary at this time.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Post-op Pair of crutches: 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), Knee and Leg (updated 02/27/2015) Online Version.

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: Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.