

Case Number:	CM13-0035730		
Date Assigned:	12/13/2013	Date of Injury:	12/22/2008
Decision Date:	02/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in California. 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 physician 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/services.

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 patient is a 65-year-old female who reported a work-related injury on 12/22/2008 as result of a fall. The patient presents for treatment of the following diagnoses: L4-5 and L5-S1 degenerative disc disease. The 1 clinical note submitted for review in the clinical documents specifically for this request evidencing the patient presents with left sacroiliac pain is dated 09/23/2013 signed by [REDACTED]. The provider documents the patient was status post a sacroiliac joint injection and reported it only lasted for 6 days before symptoms returned. The patient continues with left-sided low back pain and left lower extremity pain. The provider documents the patient utilizes tramadol and Norco. Upon physical exam of the patient, positive Patrick's test was noted. The provider documents the patient presents with chronic severe left-sided low back pain with positive Patrick's test; rule out sacroiliitis. The provider recommended the patient undergo a sacroiliac fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sacroiliac fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG, Hip and Pelvis Chapter

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.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports this patient presents status post a work-related injury sustained over 5 years ago. The clinical documentation evidences the patient presents with significant lumbar spine pathology at the L4-5 and L5-S1 levels. The only documentation evidencing the patient has presented with sacroiliac joint dysfunction is documented by [REDACTED], the requesting provider, for the submitted operative procedure. The clinical notes failed to document significant objective findings of symptomatology to support the patient undergo a fusion at this point in her treatment in the left sacroiliac joint. In addition, the clinical notes did not indicate the patient has attempted lower levels of conservative treatment for specific sacroiliac joint dysfunction to include non-operative treatment such as physical therapy, anti-inflammatories, and lower levels of active treatment modalities. In addition, the clinical notes failed to evidence plain radiographs to determine the clinical and radiographic outcome as recommended per Official Disability Guidelines. Given all of the above, the request for left sacroiliac fusion is not medically necessary or appropriate