

<b>Case Number:</b>	CM14-0121819		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/09/1994
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 51-year-old female was reportedly injured on December 9, 1994. The most recent progress note, dated July 15, 2014, indicates that there are ongoing complaints of back pain and SI joint pain as well as pain along the head, arms, legs, shoulders, elbows, hips, hands, knees, and ankles/feet. Pain is stated to be 8/10 without medications and 4/10 with medications. Current medications include Kadian, acetaminophen/codeine, butalbital/aspirin/caffeine, Valium, Zanaflex, Lidoderm patches, and Cymbalta. The physical examination demonstrated ambulation with an antalgic gait and with the assistance of a four wheel walker. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes SI joint injections. A request had been made for a left sided SI joint fusion with internal fixation and an assistant surgeon and was non-certified in the pre-authorization process on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left S1 Joint Fusion with internal fixation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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, Sacroiliac Joint Fusion, Updated October 9, 2014.

**Decision rationale:** The Official Disability Guidelines (ODG) does not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. The progress note dated July 15, 2014, indicates there is a complaint of pain at the left sacroiliac joint as well as throughout the rest of the body. There are no special tests performed to identify specific SI joint pain. Additionally, there is stated to be good relief with oral medications. As such, this request for a left-sided SI joint fusion with internal fixation is not medically necessary.

**Assistant surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.