

<b>Case Number:</b>	CM14-0121841		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	12/09/1994
<b>Decision Date:</b>	10/21/2014	<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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 51 year old female whose date of injury is 12/09/1994. The mechanism of injury is not described. The injured worker is diagnosed with failed back surgery syndrome. Office notes dated 07/02/14 report that the injured worker presents with worsening back pain and bilateral sacroiliac joint pain. Pain location is identified as in the head, bilateral arms, bilateral legs, neck, bilateral shoulders, bilateral buttocks, thoracic spine, bilateral elbows, bilateral hips, bilateral hands, bilateral knees, bilateral low back, and bilateral ankles/feet. Current medications include Kadian, acetaminophen-codeine, Valium, Zanaflex, Lidoderm patch, Cymbalta. On examination the injured worker ambulates with an antalgic gait using a 4 wheeled walker. It was noted that on 01/09/13 bilateral sacroiliac joint injections were performed, but there was no documentation regarding the injured worker's response to this procedure. The injured worker was seen on 07/30/14 at which time 3 trigger point injections were performed into the right and left upper trapezius and into the left paraspinal musculature at T1-2 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 RIGHT SI JOINT FUSION WITH INTERNAL FIXATION WITH ASSISTANT SURGEON, OUTPATIENT/INPATIENT LENGTH OF STAY NOT NOTED:** 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

**Decision rationale:** Sacroiliac (SI) joint fusion is not recommended for pain except as a last resort for chronic or severe sacroiliac joint pain. Diagnosis of SI joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this is weak and conflicted. No high quality studies have been conducted on SI joint fusion. No validated diagnostic tests that can link low back pain to the SI joint. The injured worker complains of multiple pain sites. There is no detailed physical examination with evidence of SI joint dysfunction, just evidence of L5-S1 radiculopathy. The injured worker is noted to have undergone bilateral SI joint injections in January 2013, but there is no assessment of the degree and duration of relief obtained. Based on the clinical information provided, the request for 1 right SI joint fusion with internal fixation with assistant surgeon, outpatient/inpatient length of stay not noted, is not medically necessary.