

<b>Case Number:</b>	CM14-0180847		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	12/04/1997
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2014

### 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 Orthopaedic Surgery, has a subspecialty in Spine Fellowship 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 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:

According to the records made available for review, this is a 60-year-old male with a 12/4/97 date of injury, and thoracic wedge resection osteotomy on 6/16/14. At the time (8/29/14) of request for authorization for One bilateral S1 joint fusion with fixation, One to three day inpatient hospital stay, One pre operative cardiac clearance, and One pedicle wedge resection osteotomy at L3 with revision of the instrumentation to include iliac fixation, there is documentation of subjective (back pain and kyphotic posture) and objective (improved posture, well healed incision, tenderness over the incision area, and free of focal neurologic deficit in the upper and lower extremities) findings, current diagnoses (thoracolumbosacral arthrodesis, L5-S1 nonunion, persistent kyphotic posture, and sacroiliac joint dysfunction), and treatment to date (medications and sacroiliac joint injections). Medical reports identifies that there is a positive sagittal balance; and previous posterior fusions. Regarding SI joint fusion, there is no documentation of positive response to previous injections. Regarding pedicle wedge resection osteotomy, there is no documentation of severe sagittal imbalance of greater than 12cm; correction requirement of 30-35 degrees in the lumbar spine; and previous anterior fusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One pedicle wedge resection osteotomy at L3 with revision of the instrumentation to include iliac fixation:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.orthobullets.com/spine/2041/adult-spinal-deformity>

**Decision rationale:** MTUS and ODG do not address this issue. Medical Treatment Guidelines identifies documentation of severe sagittal imbalance of greater than 12cm; correction requirement of 30-35 degrees in the lumbar spine, and 25 degrees in the thoracic spine; and previous anterior fusion (correction is at the level of the vertebral body and not at the disc), as criteria necessary to support the medical necessity of pedicle subtraction osteotomy. Within the medical information available for review, there is documentation of diagnoses of thoracolumbosacral arthrodesis, L5-S1 nonunion, persistent kyphotic posture, and sacroiliac joint dysfunction. However, despite documentation that the patient has positive sagittal balance, there is no (clear) documentation of severe sagittal imbalance of greater than 12cm. In addition, there is no documentation of correction requirement of 30-35 degrees in the lumbar spine. Furthermore, despite documentation of previous posterior lumbar fusion surgery, there is no documentation of anterior fusion. Therefore, based on guidelines and a review of the evidence, the request for One pedicle wedge resection osteotomy at L3 with revision of the instrumentation to include iliac fixation is not medically necessary.

**One bilateral S1 joint fusion with fixation:** 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 & Pelvis, Sacroiliac Joint Fusion.

**Decision rationale:** MTUS does not address this issue. ODG identifies documentation of post-traumatic injury of the sacroiliac joint OR the following criteria (failure of non-operative treatment, chronic pain lasting for years, diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections under fluoroscopic guidance (positive response to the injection noted, and recurrence of symptoms after the initial positive), preoperative general health and function assessed, and medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome), to support the medical necessity of sacroiliac joint fusion. Within the medical information available for review, there is documentation of diagnoses of thoracolumbosacral arthrodesis, L5-S1 nonunion, persistent kyphotic posture, and sacroiliac joint dysfunction. In addition, there is documentation of failure of non-operative treatments and chronic pain lasting for years. However, despite documentation of previous sacroiliac joint injection, there is no documentation of positive response to previous injections. Therefore, based on guidelines and a review of the evidence, the request for One bilateral S1 joint fusion with fixation is not medically necessary.

**One to three day inpatient hospital stay:** 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 & Pelvis, Sacroiliac Joint Fusion.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for One to three day inpatient hospital stay is not medically necessary.

**One pre operative cardiac clearance:** 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 & Pelvis, Sacroiliac Joint Fusion.

**Decision rationale:** There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for one pre-operative cardiac clearance is not medically necessary.