

Case Number:	CM15-0104874		
Date Assigned:	06/09/2015	Date of Injury:	12/15/2006
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on 12/15/2006. According to a progress report dated 12/30/2014, the injured worker presented with chronic left sided back pain. She was status post left sacroiliac fusion. She had some discomfort over the left sacroiliac which was slowly increasing in severity. Assessment included chronic low back pain, lumbosacral spondylosis degenerative disc disease with left sacroiliac dysfunction. The treatment plan included left sacroiliac injection with steroid and local anesthetic. According to a telephone note with a date of service of 04/21/2015, the injured worker had a right sacroiliac joint injection on 04/14/2015. Pre-injection pain was 6 and post injection pain was zero. She had a previous left sacroiliac joint injection on 12/30/2014 with similar results. In 2010 she had bilateral sacroiliac joint arthrodesis with transarticular screws. She did well for a long time and then had recurrence of pain. The injections demonstrated that the fixation had loosened. The provider noted that she would best be served by revising the instrumentation. On 05/05/2015, the provider requested authorization to revise the bilateral sacroiliac joints and for pre-op exam, labs and electrocardiogram. Currently under review is the request for preoperative exam with labs: complete blood cell count, chem 7, urinalysis and electrocardiogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Preoperative exam with labs: Complete Blood Count, Chem 7, Urinalysis, and Electrocardiogram: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, pre-operative clearance.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested services. The ODG states preoperative clearance provides risk stratification for surgery and is based on the type of surgery performed as well as the patient's co-morbid conditions. The requested pre-operative clearance is within guideline recommendations and therefore is medically necessary.