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| <b>Case Number:</b>   | CM15-0123334 |                              |            |
| <b>Date Assigned:</b> | 07/15/2015   | <b>Date of Injury:</b>       | 09/16/2013 |
| <b>Decision Date:</b> | 08/19/2015   | <b>UR Denial Date:</b>       | 06/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2015 |

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 58-year-old male who sustained an industrial injury on 09/16/13. Injury occurred when he caught someone who fell off a stage and twisted his torso to the left. Past medical history was positive for T5 compression fracture and thoracic disc herniation. Past surgical history was positive for right inguinal hernia repair on 12/17/13. Conservative treatment included medications, physical therapy, aquatic therapy, epidural steroid injection, facet joint blocks, and sacroiliac (SI) joint injections. The 2/10/15 lumbar MRI demonstrated trace anterolisthesis of L4 on L5 with right greater than left facet arthropathy but no significant central canal stenosis. There was mild right greater than left lateral recess stenosis but no foraminal stenosis. The 5/12/15 treating physician report indicated that the injured worker was attending aquatic therapy which was helping his symptoms and he had 9 more sessions. His sacroiliac injection on 3/26/15 provided 50-60 percent relief but had now worn off. Physical exam documented restricted lumbar range of motion, right SI joint tenderness, and positive FABER sign and pelvic rock test. A second SI joint injection was recommended and performed on 6/8/15. The 6/17/15 treating physician report cited follow-up for persistent right-sided low back pain and knee pain. He also reported thoracic pain. He had a second SI joint injection 2 weeks prior with almost 100 percent relief of the SI joint symptoms, and improvement was sustained. Medications included Percocet, Trazadone, Soma, and Wellbutrin. Physical exam documented height 69 in., weight 242 pounds, ambulation with a cane, pain on palpation directly over the SI joint and positive FABER sign. The treating physician report indicated that the injured worker had significant improvement with SI joint injections. He was still tender over the site, but

ambulation was improved and overall the pain that he was feeling was markedly better since the second injection. The first injection resulted in 60 percent improvement for 6 weeks. It was clear that the symptomatology was coming at least partially from the SI joint. He was a candidate for right SI joint fusion as injections usually do not last long. Authorization was requested for right SI (sacroiliac) joint fusion, medical clearance, assistant surgeon, and inpatient hospital stay. The 6/23/15 utilization review non-certified the right SI joint fusion and associated surgical requests as sustained benefit to recent injection was documented and it would be appropriate to exhaust conservative treatment prior to surgical consideration.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Right SI (sacroiliac) joint fusion: 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), Hip & Pelvis Chapter, (Online Version), Sacroiliac joint fusion.

**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 and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders (Revised 2007), page(s) 221.

**Decision rationale:** The California MTUS do not provide recommendations for sacroiliac joint fusion. The ACOEM Revised Low Back Disorder guidelines do not recommend SI joint fusion surgery or other SI joint surgical procedures for treatment of any lower back pain condition. It may be recommended for treatment of severe pelvic fractures with or without instability. The Official Disability Guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Guideline criteria include post-traumatic injury of the SI joint (e.g., following pelvic ring fracture), OR all following: Failure of non-operative treatment; Chronic pain lasting for years; Diagnosis confirmed by pain relief with intraarticular sacroiliac joint injections under fluoroscopic guidance - positive response to the injection was noted, and patients had recurrence of symptoms after the initial positive; Preoperative and postoperative general health and function assessed; and, Medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Guideline criteria have not been met. This injured worker presents with a history of right sided low back pain and positive clinical findings of sacroiliitis. SI joint injections have provided significant and sustained pain relief allowing participation in aquatic therapy which also provided improvement. SI joint fusion is only recommended as a last resort. There is no evidence that comprehensive conservative treatment has failed. Therefore, this request is not medically necessary.

**Medical 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), Low Back Chapter, Preoperative testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

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

**Assistant surgeon:** 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), Low Back Chapter, Surgical Assistant.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician Fee Schedule, Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

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

**Inpatient hospital stay, duration unspecified:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version), Hospital length of stay (LOS).

**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: Hospital length of stay (LOS).

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