

Case Number:	CM15-0179815		
Date Assigned:	09/21/2015	Date of Injury:	06/06/1992
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/14/2015

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: California, Indiana, Oregon
 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:

The injured worker is a 72 year old male who sustained an industrial injury on 6-3-92. A review of the medical records indicates he is undergoing treatment for lumbar disc disease, lumbar radiculitis, post laminectomy syndrome, chronic pain, and sacroiliac joint disease. Medical records (6-8-15 to 8-18-15) indicate that the injured worker has complained of ongoing low back pain. The 8-18-15 progress record also indicates bilateral sacroiliac pain and numbness in his legs. He rates the pain 3 out of 10, which has not changed since the 6-8-15 progress note. The injured worker reports that pain interferes with his activities and states that activities are "limited". The physical exam reveals decreased range of motion in the lumbar spine with tenderness to palpation over the bilateral paraspinal muscles with spasms and trigger points. His motor strength testing is diminished on the right quadriceps "4 out of 5". He has "diminished sensation over the left anterolateral thigh and calf". The injured worker is status post bilateral laminectomy with PLIF L3-4, then bilateral laminectomy and medial facetectomy L2-3 and explant hardware with repeat posterolateral fusion at L3-4 on 3-16-11. Diagnostic studies include a lumbar CT scan on 6-12-14. Treatment has included at least 18 sessions of postoperative physical therapy, oral medications, and work restrictions. The request for authorization (9-2-15) includes an orthopedic surgeon consultation, bilateral SI joint fusion, in-patient stay for 2 days, preoperative lab work and EKG, and an assistant surgeon. The utilization review (9-10-15) indicates denial of all requested services. The rationale indicates that "the guidelines consider SI joint fusion as a last line of therapy and it's not recommended for degenerative sacroiliitis, SI

joint osteoarthritis, nor SI joint mediated pain". The remainder of the requests were denied, as the surgical procedure was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateral sacroiliac (SI) 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 Guideline, Hip & Pelvis (Acute & Chronic), Criteria for sacroiliac fusion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CAMTUS/ACOM is silent on the issue of sacroiliac arthrodesis. Per ODG guidelines Hip and Pelvis section, SI joint arthrodesis is to be used as a last resort for unremitting pain for post-traumatic arthritis (from fracture) or similar unremitting pain (for years) after failing all reasonable non-operative treatment including physical therapy and home exercise program and having demonstrated improvement with intra-articular injection with subsequent return of symptoms. Based on the clinic notes, there is not supporting evidence of the above, therefore the requested procedure is not medically necessary.

One doctor consultation (orthopedic): Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: According to the CA MTUS/ACOEM, page 79, under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited does not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. No red flag symptoms are presented to warrant referral. Therefore the request is not medically necessary.

Associated surgical services: One 2 day inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

One pre-op lab work, EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Associated surgical services: One assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.