

Case Number:	CM15-0061670		
Date Assigned:	04/07/2015	Date of Injury:	10/16/2012
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/01/2015

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: 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 (IW) is a 55 year old female who sustained an industrial injury on 10/16/2012. She reported back pain when lifting. The injured worker was diagnosed as having lumbago. Treatment to date has included injections and non-steroidal anti-inflammatories. Currently, the injured worker complains of joint stiffness, back pain, pain in the buttocks, hips and lower back. The treatment plan includes a SI joint arthrodesis. A request for authorization is made for a Sacroiliac joint fusion w/ instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sacroiliac joint fusion w/ instrumentation: 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 and Pelvis, 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 and Pelvis.

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 from post traumatic SI joint arthritis (from fracture) or similar unremitting pain after failing all reasonable non-operative treatments and having demonstrated improvement with intra-articular injection. In this case, the note of 2/26/15 does not clearly demonstrate a long term failure of all non-operative treatments (specifically long term PT with home exercise program). Based on the above, the request is not medically necessary.