

Case Number:	CM15-0066935		
Date Assigned:	04/14/2015	Date of Injury:	06/17/2005
Decision Date:	06/25/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/08/2015

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 65-year-old female who sustained an industrial injury on 6/17/05. Injury occurred when she was lifting two 50-pound cases of equipment to display at a convention. Past medical history was positive for fibromyalgia. Past surgical history was positive for a 4-level lumbar microdiscectomy in 2006. The 5/20/11 CT scan of the sacroiliac (SI) joints showed mild osteoarthritic changes of the right SI joint. Previous conservative treatment had included physical therapy, chiropractic, radiofrequency ablation, epidural steroid injection, acupuncture, and medications. The 3/23/15 treating physician report indicated that the injured worker underwent right SI joint radiofrequency ablation with 4 months of improvement before her symptoms began to return. A repeat radiofrequency ablation was requested but denied. Subjective complaints included right sided low back and upper buttocks pain. Pain was rated grade 7-8/10 with medications and grade 10/10 without. Medications included Lyrica, Robaxin and Ultram. Physical exam documented normal gait, palpable tenderness over the right SI joint, and normal lower extremity motor function. The diagnosis was cervical disc degenerative and facet arthropathy C4-7. The injured worker was to continue with usual and customary work duties. The treatment plan indicated the only option was a right SI joint fusion. Authorization was requested for right SI joint fusion, post-operative physical therapy 3x6, pre-operative medical clearance, and one-day length of stay. The 3/30/15 utilization review non-certified the request for right SI joint fusion and associated requests as there was no documented intraarticular SI joint injection with positive response.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right 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, 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.

Decision rationale: Guideline criteria have not been met. This injured worker presents with right low back and buttocks pain that is somewhat relieved with medications. Prior benefit was noted with radiofrequency ablation. Additional conservative treatment in the past, including chiropractic treatment, was reported as beneficial. Clinical exam findings documented tenderness over the sacroiliac joint. No provocative testing was documented. The injured worker was working full duty. There was imaging evidence of mild osteoarthritic changes of the right sacroiliac joint. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

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

Pre-Operative Medical Clearance: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Inpatient Stay (1-day): Upheld

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 Official Disability Guidelines (ODG) Hip and Pelvis: Hospital length of stay (LOS).

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