

Case Number:	CM15-0072274		
Date Assigned:	04/22/2015	Date of Injury:	07/02/2007
Decision Date:	05/28/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/15/2015

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 52-year-old female who sustained an industrial injury on 7/2/07. She has reported initial complaints of neck, back and right shoulder injury after a trip and fall into steel shelving. The diagnoses have included status post lumbar fusion and lumbar sacroiliitis. Treatment to date has included medications, surgery, physical therapy, activity modifications, injections, spinal cord stimulator, and diagnostics. The diagnostic testing that was performed included lumbar computerized axial tomography (CT scan) scan. As per the physician progress note dated 9/4/14, the injured worker is post-operative lumbar fusion and post-operative incision and drainage of infected lumbar wound. She is noted to be walking with a cane and at times using a walker. The objective findings revealed mild discharge at the midline incision approximately 3 centimeters deep. The lumbar spine exam reveals a scar consistent with spinal cord stimulator. The range of motion was decreased in all directions. There was tenderness, spasm and positive straight leg raise on the left that reproduces low back pain and radicular leg pain and the right revealed crossed positive test at 45 degrees. There was weakness noted in the left foot dorsiflexors, diminished pinprick sensation over the left leg and foot and she had an altered gait with a limp on the left leg. Work status was temporary totally disabled. The physician requested treatments included a Bilateral SI Joint Fusion, Fluoroscopy and Associated surgical service: Inpatient stay for 1 day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral SI Joint Fusion, Fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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: CA MTUS/ACOEM 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 note of 10/16/14, there is no supporting evidence of the above, specifically if the symptoms have returned or that a home therapy program has been utilized for year in an attempt to manage the symptoms, therefore the requested procedure is not 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.

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