

Case Number:	CM15-0075868		
Date Assigned:	04/27/2015	Date of Injury:	09/14/1992
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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
 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 60 year old female sustained an industrial injury to the back on 9/14/92. Previous treatment included lumbar fusion, physical therapy, epidural steroid injections and medications. In a progress note dated 3/30/15, the physician noted that the injured worker was scheduled for S1-2 fusion on 4/7/15. The injured worker complained of a significant flare-up of neuropathic pain due to delays in authorization of her medications. The injured worker had a history of recent falls with new L1 and L3 fractures per x-ray. Current diagnoses included lower leg pain, lumbago, lumbar spine degenerative disc disease, lumbar facet arthropathy, post laminectomy syndrome, lumbar spine stenosis and herniated cervical disc. The treatment plan included S1-2 fusion on 4/7/15 and medications (Topamax, Tramadol and Norco).

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimal invasive left 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, Hip & Pelvis.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion.

Decision rationale: CA MTUS/ACOEM is silent on the issue of sacroiliac joint fusion. According to the Official Disability Guidelines, Hip and Pelvis, Sacroiliac joint fusion is not recommend except as a last resort for chronic or severe sacroiliac joint pain. Guideline indications include post-traumatic injury to the sacroiliac joint with chronic pain lasting for years. In this case, the exam notes from 3/30/15 do not demonstrates severe sacroiliac joint pain or chronic pain over the area for years. Therefore, the determination is for non-certification. The request is not medically necessary.