MAXIMUS Federal Services

Case Number:	CM15-0076061		
Date Assigned:	04/27/2015	Date of Injury:	06/21/2009
Decision Date:	06/17/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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: Family Practice

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 60 year old male who sustained an industrial injury on 6/21/09. The mechanism of injury is unclear. He currently complains of mid-back pain (9/10) radiating into the right buttock and hip. His activities of daily living are limited regarding standing, walking, driving, sitting and most other activities for prolonged periods. He uses a can for ambulation. His quality of sleep is poor. Medications are Lyrica, Colace, Celebrex, Cymbalta, Methadone, Percocet, Prilosec, Prozac, Senekot-S. Diagnoses include discogenic low back pain; severe myofascial pain/ spasm; poor sleep; reactive depression; fibromyalgia; status post removal of spinal cord stimulator (12/12/13); status post L4-S1 posterior spinal instrumentation and fusion; regional pain syndrome right lower extremity; depression with suicidal ideation; insomnia. Treatments to date include medications; home exercise program; sacroiliac joint block (6/2014) with temporary relief; spinal cord stimulator implant and then removal; heating pad; transcutaneous electrical nerve stimulator unit; sacroiliac joint block (6/2014) with temporary relief of symptoms. Diagnostics include computed tomography of the lumbar spine (9/23/13, 10/16/12); electromyography (6/6/13) showing no evidence of lumbar radiculopathy; thoracic MRI normal. In the progress note dated 12/12/14 the treating provider recommends authorization for a right sacroiliac joint fusion after failing conservative measures and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical Preoperative Clearance: 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 and Pelvis, SI 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) consultation.

Decision rationale: According to guidelines it states consultation for a different medical specialty is only recommended if the diagnosis or treatment is out of the scope of the treating physician. Based on medical records there is no documentation as to why this is needed. Based on this it is not medically necessary.