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| Case Number: | CM15-0076073 | | |
| Date Assigned: | 04/27/2015 | Date of Injury: | 06/21/2009 |
| Decision Date: | 05/22/2015 | 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: 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 60 year old male, who sustained an industrial injury on 06/21/2009. According to the most recent progress report submitted for review and dated 03/11/2015, the injured worker complained of severe back pain. Medications were helping but did not last long enough. Quality of sleep was poor. He also complained of severe right side low back pain to the buttock that was severe and constant. Diagnoses included degenerative lumbar/lumbosacral intervertebral disc, lumbago and sacroiliitis not elsewhere classified. Treatment to date has included imaging, electrodiagnostic studies, medications, nerve block injection, spinal cord stimulator implantation/removal, and cortisone injections. Currently under review is the request for a right sacroiliac joint fusion 1 day length of stay with assisted surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right SI Joint Fusion 1 day LOS (length of stay) with Assisted Surgeon: 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 & 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, 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 3/11/15 do not demonstrate severe sacroiliac joint pain or chronic pain over the area for years. Therefore the determination is not medically necessary.