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| Case Number: | CM15-0077145 | | |
| Date Assigned: | 04/28/2015 | Date of Injury: | 11/08/2007 |
| Decision Date: | 06/25/2015 | UR Denial Date: | 03/27/2015 |
| Priority: | Standard | Application Received: | 04/22/2015 |

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:

The injured worker is a 46-year-old male who sustained an industrial injury on 11/06/07. Injury occurred when he fell off a 14-foot ladder and landed on cement. Injuries were reported to the right leg, elbows, and low back, and he sustained open wounds on his head. The 1/3/15 spine surgeon report cited complaints of right-sided back pain radiating to his buttock area. He was ambulating with a cane and had pain over the right sacroiliac (SI) joint. The neurologic exam was within normal limits. Straight leg raise testing was negative. Fabere and compression signs were positive on the right and reproduced right SI joint pain. The 7/19/14 lumbar spine MRI was reviewed and was completely normal with no disc herniation. The diagnosis was rule-out sacroiliitis and lumbosacral strain. The treatment plan recommended an SI joint injection. The 3/7/15 spine surgeon report cited a follow-up visit for right sacroiliitis and lumbosacral strain. Authorization for right SI joint injection has been submitted but not yet authorized. Physical exam documented lumbar paraspinal muscle spasms, and right SI joint tenderness. Orthopedic testing documented positive Faber, right thigh thrust, and Gaenslen's sign. There was positive distraction sign centered and producing pain over the right sacroiliac joint consistent with right sacroiliitis. Neurologic exam documented normal deep tendon reflexes and strength. Straight leg raise tests were negative. The treatment plan recommended a diagnostic therapeutic SI joint injection so assess whether he was a candidate for SI joint fusion. Follow-up was requested in 4 weeks. The 3/27/15 utilization review non-certified the request for follow-up with the spine surgeon as there was no evidence that the prior recommendation for sacroiliac joint injection had been implemented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up with spine surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Surgery; Hip & Pelvis: Sacroiliac joint fusion.

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. The Official Disability Guidelines do not recommend surgery for back sprains and do not recommend sacroiliac fusion except as a last resort as no high quality studies have been conducted on sacroiliac joint fusion. Guideline criteria have not been met. The patient is under the care of a primary treating physician and a pain management physician. HE has been seen by the spinal surgeon on multiple occasions, including 3 follow-up visits in 2015. The previous treatment recommendation from the spine surgeon was an SI joint injection which does not appear to have been provided, and an SI joint fusion is not supported. Given these lack of indications, there is no compelling rationale to support on-going spinal surgeon follow-ups at this time. Therefore, this request is not medically necessary.