

Case Number:	CM15-0090968		
Date Assigned:	05/15/2015	Date of Injury:	10/21/1997
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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:

This injured worker is a 42-year-old male who sustained an industrial injury on 10/21/97. Injury occurred relative to a motor vehicle accident. He sustained an L4 fracture and with multiple subsequent lumbar surgeries including an L4-S1 fusion with instrumentation. He had the L5/S1 pedicle screws removed. Past medical history was positive for hepatitis C, liver disease, anxiety, insomnia and depression. The 10/16/14 treating physician report indicated that the injured worker's radicular leg pain was controlled by his spinal cord stimulator but his chronic sacroiliac (SI) joint pain had never been controlled. He received significant short-term benefit with SI joint corticosteroid injections, which allowed him to move more easily. SI joint fusion had been denied since 2012. The 2/6/15 orthopedic report cited constant low back pain since 2004, which had progressively worsened since 2011. It was difficult to do anything due to the pain and he emphasized his sitting intolerance. Sacroiliac joint injections had been beneficial for about one week. He was gaining weight due to lack of activity associated with pain. Physical exam documented normal gait, normal heel/toe walk, and no tenderness over the lumbar facets, dorsal axial midline, posterior superior iliac spines or iliac wings. Range of motion was reported normal for his age in all planes tested without pathologic discomfort or pain. Neurologic exam documented normal lower extremity strength, sensation, and reflexes. Nerve tension signs were negative. Orthopedic testing was positive including Gaenslen's, Patrick's, and thigh thrust. CT scan showed solid interbody fusion L4/5 and L5/S1 with posterolateral heeled fusion and subsequent removal of pedicle screw hardware. He had a left iliac crest bone graft with reimplantation in the bony defect. The diagnosis was status post L4-S1 interbody and

posterolateral fusion, status post decompressive laminectomy, low back pain and sacroiliac joint dysfunction. A left SI joint under CT guidance was recommended. The 4/22/15 orthopedic surgeon report indicated the injured worker underwent a recent SI joint injection with temporary 90% pain relief and significant functional improvement. Clinical exam was reported unchanged from previous. The diagnosis was sacroiliitis, sacroiliac joint dysfunction, and sacroiliac joint pain. He was indicated for a percutaneous SI joint fusion based on failure of extensive conservative treatment and confirmatory SI joint block. The 4/28/15 treating physician report cited worsening chronic lower back pain and numbness radiating down both legs to the feet. Symptoms were aggravated by ascending/descending stair, bending, defecation, jumping, lifting, pushing, running, sitting, standing, twisting, walking and daily activities. Symptoms were relieved with lying down. Pain was rated as 8/10 on average over the past month and interfered with daily activities 10/10. The Oswestry score was 72%. Current medications included prochlorperazine maleate, Miralax, Voltaren gel, Ambien and Percocet. Review of systems was positive for anxiety, depression and insomnia. Gastrointestinal issues were positive for abdominal pain, diarrhea and nausea. Night sweats and weight gain were also reported. Physical exam documented antalgic gait, flat-back posture, pain to palpation over the buttocks and SI joints bilaterally. Lumbar range of motion was restricted and painful, with severe restriction noted in extension. The diagnoses included lumbar failed back syndrome, thoracic or lumbosacral radiculopathy, muscle spasms, sacroiliitis, chronic pain, depression/anxiety, low back pain, insomnia and chronic opioid analgesic therapy. The injured worker had undergone an SI joint injection on 3/26/15 with over 90% pain relief for 10 days. An SI joint fusion was recommended. The 5/1/15 utilization review non-certified the request for left sacroiliac joint fusion, assistant surgeon and post-op physical therapy as there was no discussion of general health function and there was no documentation of plain film x-ray findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

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 (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Percutaneous sacroiliac joint fusion; Sacroiliac joint fusion.

Decision rationale: The California MTUS do not provide recommendations for sacroiliac joint fusion. The Official Disability Guidelines do not recommend sacroiliac joint fusion except as a last resort for chronic or severe sacroiliac joint pain. Guidelines indicate that the diagnosis of sacroiliac joint pain is controversial and difficult to make accurately, and the evidence base for fusion to treat this vague diagnosis is weak and conflicted. Additionally, the guidelines do not recommend percutaneous SI joint fusion as high quality evidence is lacking for this procedure. Guideline criteria include post-traumatic injury of the SI joint (e.g., following pelvic ring fracture), OR all following: Failure of non-operative treatment; Chronic pain lasting for years;

Diagnosis confirmed by pain relief with intraarticular sacroiliac joint injections under fluoroscopic guidance - positive response to the injection was noted, and patients had recurrence of symptoms after the initial positive; Preoperative and postoperative general health and function assessed; and, Medical records and plain radiographs have been reviewed retrospectively to determine the clinical and radiographic outcome. Guideline criteria have not been met. This injured worker presents with chronic sacroiliac joint pain that has lasted for years and failed to respond to non-operative treatment. Pain significantly impacts his functional ability to perform activities of daily living. There is documentation of positive response to SI joint corticosteroid injection followed by recurrence of symptoms. However, there is no assessment of this injured workers' pre-operative health and significant comorbidities are documented including liver disease, hepatitis C, and gastrointestinal symptoms. There is no documentation of radiographic findings relative to the left sacroiliac joint. Therefore, this request is not medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy (12 sessions): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.