

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Independent Medical Review Final Determination Letter

[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/26/2013

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/22/2013
Date of Injury: 8/10/2008
IMR Application Received: 8/16/2013
MAXIMUS Case Number: CM13-0013580

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 29-year-old female who was injured in work related accident on 08/10/2008. For review was a 07/01/2013 assessment where the claimant saw [REDACTED], MD. At that date, she reported pain that was localized to her left SI joint region. It states that she has had previous SI joint injections, demonstrating improvement in the past but, at present, she is with no further benefit. It states she continues to utilize medications for pain. Physical examination showed tenderness to the left SI joint to palpation, a positive Patrick's maneuver, a positive Gaenslen's maneuver, and a positive Yeoman's maneuver on the left. There was 5/5 motor tone to the lower extremities, normal sensation, and a normal gait pattern. It states that there was improvement but no resolution of pain from injection performed on 05/23/2013, with examination being most consistent with left sacroiliac joint dysfunction. A repeat injection was recommended at present. Further followup of 09/25/2013 gave a physical examination that showed positive Gaenslen's, Yeoman's, and Patrick's testing, tenderness to the left SI region, negative straight leg raising, and normal motor tone. Dr. [REDACTED] respectfully disagreed with previous utilization review, stating the claimant's symptoms are highly consistent with sacroiliac joint dysfunction, and that repeat injection would be warranted. He goes on to state that the claimant saw 40% pain relief from previous injection in May.

IMR DECISION(S) AND RATIONALE(S)

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

1. Repeat left sacroiliac joint injection under fluoroscopy is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM Practice Guidelines, (Online), Low Back Disorders, Injection Therapy, Sacroiliac Joint Injection, Sacroiliac joint corticosteroid injections, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG) Hip Chapter, SI Joint Block.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines are silent regarding SI joint injectables. The Official Disability Guidelines criteria indicate that, if steroid is injected into an SI joint, the duration of pain relief should be at least 6 weeks or greater than 70% to consider repeat procedure. Sacroiliac joint pain can be difficult to isolate with other positive factors, particularly from the lumbar spine and associated structures. There was a failure to demonstrate 70% pain relief for 6 weeks, as noted from last assessment of 09/2013 where only 40% pain relief was noted. A repeat injection would not be supported, per ODG. Guidelines, in regards to SI joint injections, also do specifically state that diagnostic evaluation must also first address any other potential pain generators. Given the claimant's lack of long term and significant benefit from the procedure, possible other pain generators may need to be assessed.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]

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