



## 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 27 year old female with a date of injury on 4/7/11. The patient's diagnoses include sprain lumbar region and sacroiliitis on the right side. The patient underwent a right sacroiliac (SI) injection on 4/25/13. Her findings then were right SI tenderness and a positive Faber test. She had a prior right SI injection with 90% relief for two months. This was done on 5/16/12 and the patient did not return until April, 2013 for treatment. The progress report dated 5/15/12 by [REDACTED], M.D. noted that the patient had tried physical therapy (PT) for two months, 14 visits, with no significant benefit. She had tried several oral pain medications without much benefit. Exam findings included significant pain to palpation over the sacroiliac joints, positive facet loading, both with right and left lateral rotation and extension and flexion at the hip, positive Faber sign on the right side, negative on the left. An MRI of the lumbar spine indicated some disk desiccation changes seen at T12-L1. No evidence of significant spinal canal or foraminal stenosis. Lumbosacral spine radiographic testing showed no abnormality. Electromyographic testing on 4/23/12 was normal. The progress report dated 9/3/13 by Dr. [REDACTED] noted that the patient had two injections to the sacroiliac joints that were helpful, but only temporary in pain relief.

### IMR DECISION(S) AND RATIONALE(S)

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

**1. An SI joint injection under fluoroscopy provided on April 25, 2013 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines, which are not a part of the MTUS.

The Physician 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 Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Hip Chapter.

The Physician Reviewer's decision rationale:

The ODG indicate that documentation of at least three positive exam findings are required to support the diagnosis of sacroiliac dysfunction. The medical records provided for review only document one of the required positive exam findings. Additionally, the amount of pain reduction and duration of relief was not documented. The guidelines indicate that at least a 70% reduction of pain for at least six weeks is required to justify a repeat injection. **The request for the SI joint injection is not medically necessary and appropriate.**

/dso

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[REDACTED]

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