

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

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Notice of Independent Medical Review Determination

Dated: 11/26/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/15/2013
Date of Injury:	12/17/2004
IMR Application Received:	8/26/2013
MAXIMUS Case Number:	CM13-0015600

- 1) MAXIMUS Federal Services, Inc. has determined the request for 1 **fluoroscopically guided diagnostic left sacroiliac joint injection between 7/18/2013 and 10/12/2013** is not **medically necessary and appropriate**.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/26/2013 disputing the Utilization Review Denial dated 8/15/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/9/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **1 fluoroscopically guided diagnostic left sacroiliac joint injection between 7/18/2013 and 10/12/2013** is not **medically necessary and appropriate**.

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 60-year old gentleman with history of left low back pain rated 3-10/10, that radiates to the left buttocks, following a 12/17/2004 injury. A diagnosis of left sacroiliac joint pain, left lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, lumbago and arthropathy unspecified, other specified sites, according to Dr. [REDACTED] evaluation report dated 7/18/2013. There were no objective findings in the most recent report, and the patient was reported to be working full-time modified duty per the restrictions indicated in the permanent and stationary report. At issue is the prospective request for 1 fluoroscopically guided diagnostic left sacroiliac joint injection, which between 7/18/2013 and 10/12/2013 which was denied due to medical necessity.

Documents Reviewed for Determination:

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

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

1) Regarding the request for 1 fluoroscopically guided diagnostic left sacroiliac joint injection between 7/18/2013 and 10/12/2013:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12) pg 611.

The Expert Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 12).

Rationale for the Decision:

Facet joints are known to be a source of pain in some individuals. However, diagnostic blocks are rarely necessary since most patients respond to initial conservative therapy. The results of a trial comparing intra-articular injection vs. periarticular injection vs. saline injection raises significant concerns about the validity of this construct (Lilius 89), although the resulting improvements in all three groups could be argued to be worth the intervention in select significantly affected patients with chronic LBP thought to be facet mediated. Still, the results demonstrated that relief was not long lasting. Efficacy of facet joint injections is not well established in the quality studies' original data and these critical facts seem to be overlooked by proponents and the "systematic reviews" that appear to emphasize case series to support positions. It has been reported that the peri-procedure administration of sedatives may confound the results of facet joint pain (Manchikanti 06). This may contribute to suboptimal results for these injections. In patients with chronic LBP who have failed initial therapy, a negative diagnostic injection suggests that subsequent therapy directed at facet joint would not be useful. Improved, but still suboptimum range of motion (measured inclinometrically) may be an indication for therapeutic intra-articular injections in cases of lumbar segmental rigidity. Diagnostic medial branch blocks are primarily used to determine the need for rhizotomy.

Diagnostic facet injections are not recommended for acute or subacute LBP or radicular pain syndromes. These injections are invasive. Although they have relatively few adverse effects, the aggregate costs are high. These injections may be recommended for select patients.

Therapeutic facet joint injections are not recommended for acute, subacute, or chronic LBP due to insufficient evidence of efficacy. **Therefore, the request for 1 fluoroscopically guided diagnostic left sacroiliac joint injection between 7/18/2013 and 10/12/2013 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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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.