

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

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[Redacted]

Dated: 12/31/2013

<b>IMR Case Number:</b>	CM13-0017392	<b>Date of Injury:</b>	03/16/2007
<b>Claims Number:</b>	[Redacted]	<b>UR Denial Date:</b>	08/06/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/26/2013
<b>Employee Name:</b>	[Redacted]		
<b>Provider Name:</b>	[Redacted] M.D.		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
CT GUIDED BIL SI JOINT INJECTION			

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 Orthopedic Surgery 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 claimant is a 49 year old female with a date of injury on March 16, 2007. The claimant sustained an injury to the low back. The recent clinical assessments include a October 13, 2013 procedure report by Dr. [REDACTED] indicating a preoperative diagnosis of bilateral sciatica and states the claimant underwent a right sided L5-S1 transforaminal epidural injection. The previous records indicate a September 25, 2013 interventional radiology note indicating the claimant underwent CT guided injections to the left and the right sacroiliac joint on the same date. The previous imaging for review includes a June 12, 2013 lumbar MRI scan showing multilevel disc bulging with no evidence of significant canal or foraminal stenosis or nerve root impingement documented. February 15, 2013 electrodiagnostic studies to the lower extremities showed results suggestive of a right nerve root impingement otherwise negative. The last physical examination performed was September 17, 2013 where the claimant saw Dr [REDACTED] no physical examination was performed and it was noted the claimant would continue with treatment with medication. There is a request for bilateral L5 through S4 epidural steroid injections and bilateral sacroiliac joint injections.

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

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

- 1. CT guided BIL SI joint injection is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ACOEM guidelines.

The Physician Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2<sup>nd</sup> Edition (2004), Low Back, Physical Methods, which is part of the MTUS; and the Official Disability Guidelines (ODG), Hip, Sacroiliac Joint Blocks, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The CA MTUS ACOEM Guidelines do not specifically address sacroiliac joint blocks or injections however they indicate that "Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit". When looking at the Official Disability Guidelines sacroiliac joint injections/blocks are supported in the clinical setting of documented sacroiliac joint dysfunction. In this case the claimant's physical examination failed to demonstrate sacroiliac joint pathology with three specific findings to isolate the current complaints to the level of the sacroiliac joint for which injection would be warranted. In the absence of findings specific for possible sacroiliac joint pathology/dysfunction, and in that CA MTUS guidelines indicate that invasive techniques are of questionable merit, the requested sacroiliac joint injections cannot be recommended as medically necessary.

## **2. Transforaminal ESI BIL L5-S4 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the ODG.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 46, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Based on the CA MTUS Chronic Pain Guidelines the epidural injection is not supported. The claimant is with no evidence of recent radicular findings on examination and has imaging that fails to demonstrate compressive pathology at the L5-S1 level. In the absence of a proven radiculopathy the requested epidural steroid injection cannot be recommended as medically necessary.

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]

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