

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/9/2013
Date of Injury:	11/30/2010
IMR Application Received:	7/23/2013
MAXIMUS Case Number:	CM13-0002730

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right sacroiliac joint injection is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right piriformis muscle injection is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **under fluoroscopic guidance is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/23/2013 disputing the Utilization Review Denial dated 7/9/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/26/2013. 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 **right sacroiliac joint injection is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for **right piriformis muscle injection is not medically necessary and appropriate.**
- 3) MAXIMUS Federal Services, Inc. has determined the request for **under fluoroscopic guidance 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 Physical Medicine and Rehabilitation 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:

"Injured worker is a 55 yr old female With a DOI on 11/30/2010; the lumbosacral spine is accepted. The MRI dated 1/2/2012 was requested as additional information on 07/02/13; this report has been submitted and shows a stable cystic change at the L4 spinous process with no changes; there is facet arthropathy and ligamentum flavum hypertrophy With mild spinal stenosis at L4-5; the L5-S 1 was normal.

A report from [REDACTED] notes low back, right hip, bilateral SI joint pain, intermittent radiation into the right leg; pain is mostly axial and started with a rotational type injury to the back and pelvis, working as a senior ortho tech. She felt a sudden pop over the right SI joint, pain now constant, worsening during the day, average at 5-6/ 10. There is radiation to the calf with numbness/tingling but no weakness. Heat, Ice, ESI's have helped for a couple of weeks; TENS was not helpful. She had a very slightly forward leaning posture, normal gait, able to walk on the heels and toes; pain increased with back extension past 5 degrees and was over the L/S junction, right> left, and bilateral SI joints and piriformis on the right as well as the right trochanteric bursa and iliotibial band. Neuro exam was normal. She was noted to have a fairly dramatic hip giveaway weakness on the right; SLR was negative; right piriformis cross leg stretch was positive: FABER was positive on the right, negative on the left. Diagnosis was a SI joint strain with intermittent piriformis and compressive sciatica causing intermittent S1 pattern pain, numbness, tingling along with trochanteric bursitis and overlying iliotibial band syndrome. A SI joint belt was provided. A right SI joint, Piriformis, and trochanteric bursa injection were requested."

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 right sacroiliac joint injection :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Official Disability Guidelines (ODG)-TWC-Hip and Pelvis Chapter, updated 6/12/13, which is not a 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 and Pelvis Chapter, which is not a part of the MTUS.

Rationale for the Decision:

The California MTUS guidelines do not specifically address sacroiliac joint injections. The Official Disability Guidelines detail in the criteria for sacroiliac joint injections that a history and physical examination should suggest the diagnosis for SI joint dysfunction with documentation of at least 3 positive exam findings. Furthermore, the patient should have tried and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. A review of the documentation submitted fails to indicate 3 positive exam findings suggestive of sacroiliac (SI) joint dysfunction. Furthermore, there is a lack of documentation indicating that the employee has tried and failed at least 4 to 6 weeks of aggressive conservative therapy including physical therapy, home exercise and medication management. **The request for right sacroiliac joint injection is not medically necessary and appropriate.**

2) Regarding the request for right piriformis muscle injection :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the ODG-TWC-Hip and Pelvis Chapter, updated 6/12/13, which is not a 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 Official Disability Guidelines (ODG), Hip and Pelvis Chapter-Piriformis injections, which is not a part of the MTUS.

Rationale for the Decision:

The California MTUS guidelines do not address piriformis muscle injections. The Official Disability Guidelines indicate that piriformis injections are recommended for piriformis syndrome after 1 month of physical therapy trial. While the documentation submitted for review indicates specific physical findings of the employee indicating tenderness of the sciatica notch, there is a lack of documentation indicating the employee to have buttock pain in flexion, abduction or an internal rotation of the hip. Furthermore, the documentation submitted for review notes the employee to have undergone electrodiagnostic studies; however, there is no indication in the studies that the employee has findings related to piriformis syndrome. Given the lack of documentation of all conservative modalities having been failed prior to the consideration for piriformis injections, **the request for right piriformis muscle injection is not medically necessary and appropriate.**

3) Regarding the request for under fluoroscopic guidance :

The Medical Treatment Guidelines Relied Upon by the Expert Reviewer to Make His/Her Decision

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

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

/pr

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.