

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:	7/16/2013
Date of Injury:	6/30/2009
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0004899

- 1) MAXIMUS Federal Services, Inc. has determined the request for **sacroiliac joint blocks** is not medically necessary and appropriate.

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/31/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/13/2013. 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 **sacroiliac joint blocks** 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:

The claimant has a date of injury of 06/30/2009 with the mechanism unclear. Claimant was documented to be with complaints of bilateral groin pain, for which a bilateral hernia repair surgeries took place; the first on the left in the form of an inguinal hernia repair on 07/21/2009 followed by a right inguinal hernia repair in 09/2009. The claimant was also with complaints of low back pain for which, following a course of conservative measures, a lumbar decompression, laminectomy and instrumented fusion took place from L3-5 in 05/2010. The claimant's surgical history also included a revision groin procedure on 04/19/2011 of a right groin exploration and inguinal triple neurectomy. Following the above procedures, the claimant continued to be with complaints of pain to the low back with radiation leg pain. Treatment consisted of medication management; injection therapy including epidural procedures and trigger point injections; medication management; pain management assessment; work restrictions and formal physical therapy. Recent imaging included 11/12/2012 multi-view radiographs of the lumbar spine that showed fusion changes from L3-5 with no other significant findings documented. A CT scan of the lumbar spine performed on the same date showed fusion changes with bilateral laminectomies at L3-5, posterior disc bulging of 2 mm at L1-2 and L2-3 resulting in bilateral facet arthropathy. The L5-S1 level was with a transpedicular screw with no encroachment on the thecal sac or neural foraminal narrowing noted. There was noted to be "minimal arthropathy in the sacroiliac joints bilaterally." A progress report on 05/14/2013 with [REDACTED], MD indicated subjective complaints of centralized low back pain and pain over the sacroiliac joints bilaterally, most noted with positional changes. It stated that medications including Norco, Robaxin, ibuprofen and Elavil were being used. Formal physical examination demonstrated a negative straight leg raise and diminished lumbar range of motion with marked tenderness over the sacroiliac joints and diminished sensation to pinprick along the posterior calf and thighs bilaterally. Gait was noted to be antalgic, and ambulation was with the aid of a cane. A referral to pain management to undergo sacroiliac joint injections was recommended, stating that the claimant's unrecognized sacroiliac disease may be a significant factor in his ongoing chronic low back pain.

A followup with [REDACTED], MD on 07/03/2013 also indicated that the claimant was with complaints of low back pain with sacroiliac joint discomfort. Physical examination showed "severe bilateral overlying sacroiliac joint tenderness extending up to the L5-S1 level." There was noted to be well-healed scarring, and the neurologic examination demonstrated no significant findings. Once again, bilateral sacroiliac joint injections were recommended at that time. The claimant's last clinical assessment for review, of 08/14/2013, once again stated low back pain with numbness to the right anterior thigh, trouble sleeping and continuation of medication management. It was recommended that sacroiliac joint injections would be performed on that date bilaterally; and if positive, consideration of a sacroiliac joint fusion with instrumentation would be recommended. Physical examination demonstrated restricted lumbar range of motion with negative straight leg raise, a positive sensory deficit to pinprick along the posterior calf and thighs bilaterally, an antalgic gait pattern and the use of a cane. Refill of medications and injections 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 sacroiliac joint blocks:

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, page not cited, which is part of the MTUS, and Official Disability Guidelines (ODG), Current Version, Low Back Chapter, Sacroiliac 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), Current Version, Hip Chapter, which is not part of the MTUS

Rationale for the Decision:

According to the Official Disability Guidelines (ODG), the role of sacroiliac injections bilaterally would not be supported. The criteria for the use of sacroiliac blocks for ODG would include a history and physical supportive of the diagnosis with documentation of at least 3 positive findings from the listed findings in the clinical guidelines. It would also indicate a diagnostic evaluation that would first address other possible pain generators. The employee's case is complex, dating back to 2009, with evidence of prior bilateral hernia surgeries as well as a 2-level lumbar fusion. The employee continues to be symptomatic in regards to low back examination, with a positive sensory deficit noted bilaterally. Recent physical examination does not document 3 specific findings that would clinically correlate a diagnosis of sacroiliitis. Given the employee's complex history, for which other potential pain generators have not been eliminated, and the lack of specific physical examination findings to support the diagnosis of SI joint dysfunction, the role of sacroiliac blocks would not be supported based on the ODG criteria. **The request for sacroiliac blocks 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.