

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Notice of Independent Medical Review Determination**

Dated: 11/25/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	7/10/2013
Date of Injury:	5/8/2011
IMR Application Received:	7/31/2013
MAXIMUS Case Number:	CM13-0005314

- 1) MAXIMUS Federal Services, Inc. has determined the request for **right sacroiliac joint intraarticular injection, #1** is 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 7/10/2013. A Notice of Assignment and Request for Information was provided to the above parties on 8/14/2013. 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 intraarticular injection, #1 is 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 Oklahoma. 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 64-year-old male who reported an injury on 05/08/2011. The clinical note dated 08/02/2012 revealed that the patient had lumbosacral tenderness and pain in addition to left knee pain. Physical findings included tenderness to palpation of the lumbosacral region with decreased range of motion, tenderness to palpation over the medial aspect of the left knee with crepitus at the patella within the medial joint line. An examination dated 09/26/2012 revealed that the patient had constant burning sensation in the low back without radiation of pain into the lower extremities and constant left knee pain. Physical findings included restricted lumbar range of motion described as 38 degrees in flexion, 13 degrees in extension, 17 degrees in left tilt, and 10 degrees in right tilt with pain in all planes. It was noted that the patient had a negative straight leg raising test bilaterally and a negative sacroiliac stress test, negative bilaterally. The clinical note dated 12/29/2012 stated that the patient continued to have low back pain. Physical findings included tenderness over the lumbar spine paravertebral musculature with decreased range of motion. It is also noted that there is tenderness over the sacroiliac joint region and right sciatic notch region. The clinical note dated 12/31/2012 indicated that the patient was to receive a trial of acupuncture. The clinical note dated 01/09/2013 revealed that the patient had a right positive sacroiliac joint compression test and a right positive sacroiliac joint shear test. The clinical note dated 02/21/2013 stated that the patient continued to complain of low back pain and right sacroiliac joint and right lower extremity pain. The clinical note dated 03/11/2013 stated that the patient had finished acupuncture treatments with temporary relief. Physical findings included tenderness to palpation of the paraspinal musculature on the right side of the L5-S1 level, and a negative straight leg raising test. The clinical note dated 05/02/2013 revealed that there was tenderness over the paravertebral muscles as well as over the sacroiliac joint with decreased range of motion with anterior flexion of the trunk and a positive straight leg raising test. It was noted that neurological examination does reveal weakness with extension of the hip. The clinical note dated 07/29/2013 stated that the

patient continued to have low back pain that was considered nonradiating and right sacroiliac joint pain. Physical findings included painful lumbar range of motion, lumbar myofascial tenderness, vertebral tenderness to the L5-S1 level, and tenderness over the right sacroiliac joint. It was also noted that the patient had a positive right sided Gaenslen's test which was considered positive for sacroiliac pain and a positive pelvic rock test on the right for sacroiliac joint pain. The clinical note dated 08/23/2013 stated that the patient received a median branch nerve block on 01/30/2012 that provided 50% pain relief for 3 days. Follow-up treatment with radiofrequency rhizotomy at the same level did not provide significant pain relief. It was noted that the patient had failed conservative treatments to include physical therapy, pharmacological management, and interventional pain injections.

#### **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 intraarticular injection, #1:**

##### 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 Official Disability Guidelines (ODG), Sacroiliac Joint Injections (SJI), 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), Hip and Pelvis Chapter, Criteria for the use of sacroiliac blocks, which is not part of the MTUS.

##### Rationale for the Decision:

The ODG recommends that a history and physical support the diagnosis of sacroiliac joint dysfunction with at least 3 positive exam findings. The clinical documentation submitted for review provides evidence that the employee has a positive right sided Gaenslen's test, a positive right side pelvic rock test, and a positive right sided sacroiliac shear test. There is also significant pain over the sacroiliac joint region and weakness with hip abduction. The guidelines also recommend a diagnostic evaluation must first address any other possible pain generators. The records submitted for review provide evidence that the employee experienced pain relief from a medial branch block. However, this diagnostic evaluation resulted in a radiofrequency ablation rhizotomy which did not provide pain relief. Additionally, the guidelines indicate that the patient's pain must have failed to respond to at least 4 to 6 weeks of aggressive conservative therapy. The clinical documentation submitted for review also provides evidence the employee has not responded to conservative therapy including physical

therapy, pharmacological management, and interventional pain injections. As the employee has failed to respond to aggressive conservative therapy, has clinical exam findings consistent with sacroiliac dysfunction, and a radiofrequency rhizotomy has failed to perform symptom relief, right sacroiliac joint intra-articular joint injection is indicated to determine if the sacroiliac joint is a pain generator. **The request for right sacroiliac joint intraarticular injection, #1 is 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, 18<sup>th</sup> Floor  
Oakland, CA 94612

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