

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Medical Review

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**Independent Medical Review Final Determination Letter**

[REDACTED]

Dated: 12/17/2013

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/31/2013  
Date of Injury: 8/12/2005  
IMR Application Received: 8/6/2013  
MAXIMUS Case Number: CM13-0007928

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 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 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:



### 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 underlying date of injury in this case is 08/12/2005. This patient sustained an injury to his low back on that date, and the treating diagnoses are postlaminectomy syndrome, sacroiliitis, and thoracolumbar radiculitis. The medical records indicate that this patient has undergone extensive treatment including lumbar fusion, chronic opioid therapy, acupuncture, physical therapy, activity restrictions, and sacroiliac joint injections.

Prior physician review noted that there have been multiple requests for repeat bilateral sacroiliac joint injections which were non-certified based on lack of documentation of clear and significant objective evidence of functional benefit and symptomatic relief including from the most recent sacroiliac joint injections of October 2012. That review noted that the physician reported subjectively that the patient had 50% benefit for 6 weeks with decreased oxycodone use and increased tolerance of walking, but there was no documentation of pre-injection tolerance or limitations of walking or the change in distance that had resulted from the sacroiliac joint injection or the amount of reduction in medication usage.

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

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

#### **1. The Bilateral S1 Joint Injection is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Official Disability Guidelines (ODG).

The Physician 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 Physician Reviewer based his/her decision on Official Disability Guidelines (ODG), Section on Hip/Sacroiliac Joint Blocks.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines states regarding sacroiliac joint blocks, "Diagnostic evaluation must first address any other possible pain generators....The history and physical should suggest the diagnosis with documentation of at least three positive exam findings...The individual procedure should be repeated only as necessary by judging the medically necessary criteria." This is a complex case in which there are multiple other pain generators given the employee's surgical history; it is not clear that this employee meets the diagnostic criteria for sacroiliac joint blocks given the employee's surgical history. The medical records do not address concerns raised in prior physician reviews regarding the lack of objective documentation of functional benefit from sacroiliac joint injections. Overall, this is a chronic case in which the guidelines encourage long-term active independent rehabilitation, and the medical records do not clearly indicate a functional or other meaningful clinical benefit from this treatment. **The request for Bilateral S1 Joint Injection is not medically necessary and appropriate**

**/amm**

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.