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Independent Medical Review
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MAXIMUS Federal Services

Independent Medical Review Final Determination Letter

[redacted]

Dated: 12/19/2013

Employee:	[redacted]
Claim Number:	[redacted]
Date of UR Decision:	8/6/2013
Date of Injury:	11/22/1996
IMR Application Received:	8/8/2013
MAXIMUS Case Number:	CM13-0009113

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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:

This is a 78-year-old male patient who reported a work-related injury on 11/22/1996 with low back and right shoulder injury. The patient has a history of 3 prior bilateral L5-S1 facet joint injections in 2011. The patient has had a trigger point injection in 2011 with no benefit and a right intra-articular S1 joint injection with minimal benefit in 2011. The patient had a right intra-articular hip injection in 2012 with 4 days of relief and a left L3 transforaminal epidural steroid injection (ESI) in 2012 with 4-day relief. The patient's last transforaminal epidural steroid injection was to the left L3 in 2012, with minimal relief of back pain. On 09/17/2012, the patient had a spinal cord stimulator implant. The provider notes on 07/23/2013 report the patient with right buttock pain complaints. The patient was doing fairly well with good coverage from the spinal cord stimulator until he underwent a knee replacement in 03/2013. Since that time, the patient has experienced increased left lower extremity pain. The provider note indicates that the patient's pain was 5/10 below the belt line, right greater than left. The examination showed lumbar paraspinal musculature moderately tender on the right with exquisite tenderness of the right PSIS; range of motion is limited in all planes; lumbar facet loading maneuvers are moderately positive to the right; straight leg raise and reverse straight leg raise were negative, but mildly positive to the right; greater trochanter regions are non-tender bilaterally; pain-free range of motion of the hip joints; and FABER maneuver is negative bilaterally; and the lower extremity strength is 5/5. Diagnoses were lumbar spondylosis, post-laminectomy syndrome with increased symptoms, sacroiliac joint pain, and status post spinal cord stimulator implant, chronic pain, lumbar radiculopathy.

IMR DECISION(S) AND RATIONALE(S)

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

1. Right SI joint injection is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Section Sacroiliac Joint Blocks, which is not part of MTUS.

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 the Official Disability Guidelines (ODG), Section Sacroiliac Joint Blocks, which is not part of MTUS.

The Physician Reviewer's decision rationale:

According to the medical records provided for review, the employee has had several injections, spinal cord stimulator, and medications for back pain management. The Official Disability Guidelines address sacroiliac joint blocks with specific tests for motion, palpation, and pain provocation that have been described for SI joint dysfunction: cranial shear test; extension test; flamingo test; fortin finger test; Gaenslen's test; Gillett's test; Patrick's test; pelvic compression test; pelvic distraction test; pelvic rock test; resisted abduction test; sacroiliac shear test; standing flexion test; seated flexion test; and thigh thrust test. The criteria for a sacroiliac block is a history and physical that should suggest the diagnosis with documentation of at least 3 positive exam findings. Diagnostic evaluation must first address any other possible pain generators, or indicate that the employee has had and failed at least 4 to 6 weeks of aggressive conservative therapy including PT, home exercise, and medication management. The clinical records submitted had only 1 exam, the Patrick's test, which was negative, and there was no clinical evidence of aggressive conservative measures. **The request for a Right SI joint injection is not medically necessary and appropriate.**

/reg

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