
Notice of Independent Medical Review Determination

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

- 1) MAXIMUS Federal Services, Inc. has determined the request for Bilateral SI Joint Injections **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/13/2013 disputing the Utilization Review Denial dated 5/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/5/2013. 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 Bilateral SI Joint Injections **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 & 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.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 1, 2013

"According to the medical records, the patient is a 55 year-old female who sustained an industrial injury on January 21, 2013. X-rays of the lumbar spine were completed on January 21, 2013. The patient had a grade 1 anterior spondylolisthesis of L4 and L5.

"A report dated January 28, 2013 noted the patient was injured as the result of a motor vehicle accident. She was seen in the emergency room and x-rays were taken. The patient then presented to her chiropractor and has received four sessions so far. Physical therapy and chiropractic were discussed. She had good results with chiropractic treatment in past. She was prescribed Ultracet, naproxen and Flexeril along with six sessions of Chiropractic treatment.

"An MRI of the cervical spine was completed on March 20, 2012. The impression revealed, "Degenerative disc and joint disease most prevalent at C6-7 with mild central and moderate bilateral foraminal stenosis. No cord compression or loss of lordosis."

"An MRI of the lumbar spine was completed on March 20, 2013. The impression revealed, "Mild foraminal stenosis at L2-3 with asymmetric left lateral bulge. Supple grade 1 anterolisthesis of L4-L5 with mild foraminal stenosis."

"A report dated April 10, 2013 noted the patient had completed 12 sessions of chiropractic treatment. She was encouraged to continue with her home exercise program. She was diagnosed with neck strain, low back strain and pre-existing upper extremity condition. She was referred to Dr. [REDACTED] as her recovery had plateaued. She was prescribed naproxen, Flexeril and amitriptyline.

"The patient was examined by Dr. [REDACTED] on April 16, 2013. She reported ongoing left-sided neck pain and low back pain on both sides with upper buttock pain. The

patient's cervical and lumbar MRI images were reviewed. The examination of the lumbar spine showed diffuse tenderness over the facet on each side and over the bilateral SI joints Lumbar extension was more limited than flexion. Straight leg raise was negative. Motor sensation and reflex testing were normal. The patient was given the option of cervical facet joint injections but declined. She would like to pursue lumbar injections. She had a grade 1 degenerative long-standing slip of L4 on L5. The treatment plan was for bilateral L4-5 and L5-S1 facet joint injections and bilateral SI joint 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 for Independent Medical Review dated 5/13/2013
- Utilization Review Determination provided by [REDACTED] dated 5/01/2013
- Medical Records from 1/21/2013 through 6/27/2013
- American College of Occupational and Environmental (ACOEM) guidelines, 2004, 2nd Edition, Low Back Complaints, Steroid Injections, Chapter 12, page 309
- Official Disability Guidelines, Low Back Section, Epidural Steroid Injections
- Official Disability Guidelines, Hip & Pelvis Chapter: Sacroiliac Joint Block

1) Regarding the request for Bilateral SI Joint Injections:

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the American College of Occupational and Environmental Medicine (ACOEM) Guidelines, 2004, 2nd Edition, Low Back Complaints, Steroid Injections, Chapter 12, page 309, of the MTUS and the Official Disability Guidelines, Low Back Chapter, Epidural Steroid Injections, and Hip & Pelvis Chapter, Sacroiliac Joint Block, a Medical Treatment Guideline (MTG) not in the MTUS. The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found no section of the MTUS was applicable and relevant. The Expert Reviewer found the Official Disability Guidelines, Low Back Chapter, Epidural Steroid Injections, and Hip & Pelvis Chapter, Sacroiliac Joint Block, a Medical Treatment Guideline (MTG) not in the MTUS was relevant and appropriate for the employee’s clinical circumstance.

Rationale for the Decision:

The employee injured the lower back in an auto accident on 1/21/2013. Initial treatment in the emergency room consisted of X-rays and pain medication. Twelve chiropractor visits were undertaken with good results, but recovery plateaued. An MRI of the lumbar spine, on 3/20/2013, revealed mild foraminal stenosis at L2-L3 with asymmetrical left lateral bulge, supple grade 1 anterolisthesis of L4-5 with mild foraminal stenosis. A request was made for bilateral SI Joint Injections.

The MTUS makes no recommendations regarding SI Joint Injections. The Official Disability Guidelines, Current Version, Hip & Pelvis Chapter, Sacroiliac Joint Block, recommends SI Joint Blocks as an option if 4-6 weeks of aggressive conservative therapy has failed. The submitted and reviewed records do not document the failure of conservative therapy or provide evidence of positive pelvic tests. The requested Bilateral SI Joint Injections 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
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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.



