

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/12/07

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right SI joint injection (93542, 27096)

### **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Board Certified in Orthopedic Surgery

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right SI joint injection (93542, 27096) - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An MRI of the lumbar spine interpreted by M.D. dated 08/24/04  
X-rays of the lumbar spine interpreted by D.C. dated 09/22/04

An evaluation with M.D. dated 11/10/04  
A Designated Doctor Evaluation with M.D. dated 01/06/05  
A Functional Capacity Evaluation (FCE) with D.C. dated 07/26/05  
An impairment rating evaluation with Dr. dated 08/01/05  
A Designated Doctor Evaluation with M.D. dated 08/19/05  
Evaluations with M.D. dated 12/07/05, 03/14/06, 04/11/06, 06/15/06, 11/09/06, 11/16/06, 12/05/06, 01/09/07, 02/08/07, 03/22/07, 04/19/07, 05/17/07, and 10/10/07  
Evaluations with M.D. dated 12/15/05 and 04/18/06  
Designated Doctor Evaluations with M.D. dated 01/11/06 and 04/04/06  
A letter from M.S., R.N., an appeal officer, dated 03/14/06  
A Notice of Independent Review Decision from Ms. dated 03/28/06  
Procedure orders from Dr. dated 04/25/06  
An EMG/NCV study interpreted by M.D. dated 04/26/06  
A letter of adverse determination, according to the ODG Guidelines, from M.D. dated 04/28/06  
An operative report from Dr. dated 06/07/06  
A lumbar discogram interpreted by M.D. dated 06/07/06  
Computerized Muscle Testing (CMT) and Range of motion testing with an unknown provider (no name or signature was available) dated 06/15/06, 03/22/07, 04/19/07, and 05/17/07  
A review from D.C. dated 10/12/06  
A Designated Doctor Evaluation from D.O. dated 10/17/06  
Laboratory studies dated 10/31/06  
Chest x-rays interpreted by an unknown physician (signature was illegible) dated 10/31/06  
An operative report from Dr. dated 11/01/06  
An intraoperative neurophysiology monitoring report from M.S. dated 11/01/06  
A pathology report interpreted by M.D. dated 11/01/06  
Lumbar x-rays interpreted by Dr. dated 11/09/06, 12/05/06, 01/09/07, 03/22/07, 04/19/07, and 10/10/07  
An FCE with P.T.A. on 04/23/07  
An impairment rating evaluation with an unknown provider (no name or signature was available) dated 05/08/07  
An impairment rating evaluation with Dr. dated 05/25/07  
A PLN-11 form from the insurance carrier dated 06/27/07  
A Required Medical Evaluation (RME) with M.D. dated 09/13/07  
A letter of non-certification, according to the ODG Guidelines, from D.O. dated 10/19/07  
A letter of non-certification, according to the ODG Guidelines, from M.D. dated 11/01/07  
Undated information regarding a discogram, discogenic back pain, and motion sparing technologies  
The ODG Guidelines were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the lumbar spine interpreted by Dr. on 08/24/04 revealed disc degeneration at L5-S1 with a disc bulge and a disc bulge at L4-L5. X-rays of the lumbar spine interpreted by Dr. on 09/22/04 revealed spondylolisthesis and decreased disc space at L5-S1. On 11/10/04, Dr. recommended a lumbar epidural steroid injection (ESI), Ultram Celebrex, and Flexeril. On 01/06/05, Dr. felt the patient was not at Maximum Medical Improvement (MMI). On 08/01/05, Dr. placed the patient at MMI with a 10% whole person impairment rating. On 12/07/05, Dr. also recommended a lumbar ESI, Lorcet, Feldene, and Restoril. On 01/11/06 and 04/04/06, Dr. felt the patient was not at MMI. An EMG/NCV study interpreted by Dr. on 04/26/06 was essentially normal. On 04/28/06, Dr. wrote a letter of non-certification for a lumbar discogram. On 06/07/06, Dr. performed a lumbar discogram at L3 through S1, which was positive at L5-S1. A lumbar discogram interpreted by Dr. on 06/07/06 extravasation at L5-S1 and spinal canal narrowing at L4-L5 and L5-S1. On 06/15/06, Dr. recommended a lumbar disc replacement. On 10/17/06, Dr. placed the patient at MMI with a 5% whole person impairment rating. Lumbar spine surgery was performed by Dr. on 11/01/06. On 03/22/07, Dr. recommended continued physical therapy and medications. Based on an FCE with Mr. on 04/23/07, work conditioning was recommended. On 05/08/07, an unknown provider gave the patient a 10% impairment rating. On 05/25/07, Dr. placed the patient at MMI with a 5% whole person impairment rating. On 06/27/07, the insurance carrier disputed the impairment rating from the treating physician. On 09/13/07, Dr. felt further treatment should include non-steroidal anti-inflammatory medications and home exercises. On 10/10/07, Dr. recommended a right SI joint block. On 10/19/07, Dr. wrote a letter of non-certification for the injection. Dr. also wrote a letter of non-certification for the injection on 11/01/07.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The patient underwent a total disc replacement for reported lumbar discogenic disease. This diagnosis was based upon discographic results. The reported main benefit from a total disc replacement is that it alleviates pressure on the sacroiliac joints and other joints because it is a mobile bearing. According to the ODG, hip and pelvis chapter, under sacroiliac joint blocks, sacroiliac blocks can be recommended as an option if the patient has failed at least six weeks of aggressive conservative therapy, if the physical examination has at least three positive examination findings, and there is a clinical picture that is suggestive of sacroiliac injury and/or disease prior to the first block. The emphasis is on a comprehensive exercise program, rather than treatment or diagnosis through a sacroiliac block.

This patient does not have a clear picture of sacroiliac joint injury. Sacroiliac joint begin one of the strongest in the body is extremely difficult to injure and the

patient's condition does not suggest that there was a major change to the sacroiliac joint as a result of this injury. Since the sacroiliac block would not have any diagnostic or therapeutic benefit, it should not be performed.

Based upon the fact that the patient does not meet the criteria of the ODG and the perceived lack of clinical benefit, the requested right sacroiliac joint injection is neither reasonable nor necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

**PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE  
(PROVIDE A DESCRIPTION)**

**OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME  
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**