

True Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW:

12/27/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left SI joint injection

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

M.D., Board Certified in Pain Management and Anesthesiology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

No ODG Guidelines
Carrier Correspondence-11/16/07 and 12/10/07
Dr. -Initial Eval-9/6/07; Progress Note 12/11/07
Progress Note-11/13/07
Operative Report-10/4/07; 11/28/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured while on the job in xx/xx. He complains of low back pain that radiates to both of his legs. He supposedly has received previous SI joint injections (no specific sides are mentioned) in 2002 and 2003. There is no mention of the patient's results with these injections. The patient has also undergone "back surgery" and placement of a spinal cord stimulator. The patient has recently undergone a bilateral SI joint injection with steroid on 10/04/07. In addition, the patient has undergone a right SI joint injection on 11/20/07. There

is no mention as to what percentage of pain relief the patient received from any of these injections.

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

Per the *Official Disability Guidelines*, “a positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.” The *Official Disability Guidelines* go on to state that “if steroids are injected during the initial injection, the duration of pain relief should be at least six weeks with at least 70% relief recorded for this period.” The results of the SI joint injections from 2002 and 2003 are not recorded. Therefore, the Reviewer will consider the bilateral SI joint injection that was performed on 10/04/07 to be the initial SI joint injection. As stated above, there is no mention as to the percentage of pain relief that was achieved. In addition, the patient’s follow-up visit was slightly over five weeks after the initial bilateral SI joint injection was performed. Therefore, the patient received at a maximum probably five weeks of pain relief. Given that there is no mention of the percentage of pain relief in addition to achieving pain relief for less than six weeks, a repeat left SI joint injection is not indicated per the *Official Disability Guidelines*.

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)**