# RYCO MedReview

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 06/07/07

**IRO CASE #:**

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

Prolotherapy with an SI joint injection

**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:

**X** 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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

An evaluation with M.D. dated 09/11/03
Evaluations with M.D. dated 12/17/04 and 03/06/07

Evaluations with P.A.-C. for, M.D. dated 05/19/05, 10/24/05, and 04/04/06
A CT scan of the lumbar spine interpreted by an unknown provider (no name or signature was available) dated 05/19/05
Evaluations with Dr. dated 05/23/05, 08/15/05, 10/03/05, 12/05/05, 01/13/06, 06/30/06, 07/01/06, 08/07/06, 11/20/06, 01/09/07, 02/19/07, and 04/02/07
Work releases from Dr. dated 08/29/05, 09/09/05, and 09/16/05
Procedure notes from M.D. dated 09/01/05, 11/10/05, and 01/30/06
An evaluation with M.D. dated 09/02/05
Evaluations with P.A.-C. for Dr. dated 09/09/05, 09/16/05, 03/17/06, 06/23/06, 07/14/06, 09/01/06, 10/13/06, 01/29/07, and 05/15/07
A physical therapy evaluation with P.T. dated 09/12/05
Physical therapy with Mr. dated 09/14/05
X-rays of the chest interpreted by M.D. dated 09/21/05
Evaluations with M.D. dated 09/21/05, 12/24/05, 12/25/05, 12/26/05, 12/27/05, and 12/28/05
A lumbar myelogram CT scan interpreted by M.D. dated 09/27/05
Letters from Dr. dated 10/12/05, 01/09/06, 01/17/06, 03/07/06, 03/15/06, 04/16/07, and 05/15/07
Letters from Dr. dated 10/20/05, 01/05/06, 03/22/06, and 04/04/06
Preauthorization requests from an unknown provider (no name or signature was available) dated 11/01/05 and 01/23/06
Lumbar discograms interpreted by Dr. dated 12/01/05 and 12/14/06
CT scans of the lumbar spine interpreted by M.D. dated 12/01/05 and 03/06/07
A chest x-ray interpreted by M.D. dated 12/20/05
An operative report from Dr. dated 12/20/05
Focus notes from an unknown provider (no name or signature was available) dated 12/20/05
Laboratory studies dated 12/20/05, 12/25/05, 06/27/06, and 07/03/06
A perioperative record from R.N. dated 12/20/05
An admitting history with Dr. dated 12/20/05
A final report from an unknown provider (no name or signature was available) dated 12/20/05
A coding summary from Dr. dated 12/22/05
An admitting history from Dr. dated 12/23/05
An evaluation with M.D. dated 12/27/05
A superficial lesion sonogram interpreted (no credentials were listed) dated 12/27/05
PICC line placement (no credentials were listed) dated 12/27/05
An evaluation with an unknown provider (no name or signature was available) dated 12/28/05
IV nursing assessments with an unknown nurse (signature was illegible) dated 12/28/05, 12/30/05, and 01/03/06
A discharge note from Dr. dated 12/28/05
Prescriptions from Dr. dated 12/30/05
Mixing reports from Dr. dated 12/30/05 and 01/03/06
An evaluation with M.D. dated 01/03/06

A medication prescription from Dr. dated 01/03/06
Discharge orders from Dr. dated 01/03/06
Nursing notes from an unknown nurse (the signature was illegible) dated 01/30/06, 06/29/06, and 06/30/06
Evaluations with M.D. dated 03/06/06, 03/21/06, 04/04/06, 06/02/06, and 11/21/06
An operative report from Dr. dated 06/16/06
Chest x-rays interpreted by M.D. dated 06/27/06
An evaluation with an unknown provider (no name or signature was available) dated 06/28/06
Medication lists dated 06/29/06 and 06/30/06
An epidural infusion chart from the unknown nurse dated 06/29/06
Admission Data Base information from the patient dated 06/29/06
An evaluation with M.D. dated 06/29/06
An operative report from Dr. dated 06/29/06
Physicians orders from M.D. dated 06/29/06, 06/30/06, 07/01/06, and 07/02/06
A perioperative report from an unknown provider (no name or signature was available) dated 06/29/06
A caseworker note from L.B.S.W. dated 06/29/06
Vital signs with the unknown nurse dated 06/29/06, 06/30/06, 07/01/06, 07/02/06, and 07/03/06
Respiratory notes with an unknown therapist (the signature was illegible) dated 06/29/06 and 06/30/06
X-rays of the lumbar spine interpreted by M.D. dated 06/29/06
Postoperative orders from Dr. dated 06/29/06
A chest x-ray interpreted by M.D. dated 06/30/06
A discharge summary from unknown providers (the signatures were illegible) dated 06/30/06
Care Summaries from an unknown provider (no name or signature was available) dated 07/01/06, 07/02/06, and 07/03/06
A discharge summary from an unknown nurse (the signature was illegible) dated 07/03/06
Letters from Dr. or Dr. (no signature was available) dated 07/11/06
Letters for Dr. dated 08/11/06 and 03/13/07
A physical therapy referral from Ms. dated 08/16/06
A CT scan of the lumbar spine interpreted by M.D. dated 08/22/06
Evaluations with D.P.T. dated 08/23/06 and 09/27/06
Physical therapy with Mr. Tran dated 08/30/06, 09/01/06, 09/06/06, 09/11/06, and 09/13/06
Physical therapy with P.T.A. dated 08/25/06, 09/05/06, and 09/29/06
A procedure note from Dr. dated 09/26/06
A nursing note from R.N. dated 09/26/06
Physical therapy with P.T., O.T. dated 10/04/06, 10/06/06, 10/09/06, 10/11/06, 10/13/06, 10/17/06, 10/18/06, 10/25/06, 10/27/06, 11/01/06, 11/03/06, 11/06/06, 12/13/06, 12/18/06, 12/20/06, 12/28/06, 12/29/06, and 01/05/07
Evaluations with Mr. dated 10/23/06, 12/06/06, and 01/04/07

A procedure note from Dr. dated 11/02/06
A procedure note from Dr. dated 12/14/06
Evaluations with Dr. dated 01/09/07, 02/07/07, 04/05/07, and 05/03/07
An impairment rating evaluation with M.D. dated 03/23/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A CT scan of the lumbar spine interpreted by an unknown provider revealed disc bulges at L4-L5 and L5-S1. On 05/23/05, Dr. Peloza requested a lumbar epidural steroid injection (ESI) and SI joint rhizotomy. On 08/15/05, Dr. requested bilateral facet blocks. On 09/01/05 and 11/10/05, Dr. performed a lumbar facet injection. On 09/12/05, Mr. requested physical therapy three times a week for four weeks. Therapy was performed with Mr. on 09/14/05. On 09/16/05, Mr. requested a lumbar myelogram CT scan. On 09/21/05, Dr. requested a chest x-ray. The lumbar myelogram and CT scan interpreted by Dr. on 09/27/05 revealed disc bulges at L4-L5 and L5-S1. A post discogram CT scan interpreted by Dr. on 12/01/05 revealed degenerative changes in the lumbar spine. On 12/05/05, Dr. requested lumbar surgery. On 12/20/05, Dr. performed a revision of the pacemaker pocket, which apparently had become infected. On 01/13/06, Dr. wrote an appeal for the patient's claim. A lumbar ESI was performed by Dr. on 01/30/06. On 03/06/06, Dr. prescribed Norco and Rozerem. On 03/17/06, Mr. requested surgery. On 03/22/06, Dr. requested a non-motorized wheelchair. On 04/04/06, Dr. prescribed Duragesic and Norco. Lumbar surgery was performed by Dr. on 06/29/06. On 07/11/06, Dr. requested Avinza and Lyrica. Mr. requested physical therapy and Keflex on 07/14/06. On 08/11/06, Mr. requested a CT scan and physical therapy. A CT scan of the lumbar spine interpreted by Dr. on 08/22/06 revealed a non-total fusion and SI joint degenerative changes. Physical therapy was performed with Mr. on 08/25/06, 09/05/06, and 09/29/06. Physical therapy was performed with Mr. from 08/30/06 through 09/13/06 for a total of five sessions. On 09/01/06, Mr. requested bilateral SI joint injections. On 09/26/06, Dr. performed SI joint injections. Physical therapy was performed with Mr. from 10/04/06 through 01/05/07 for a total of 18 sessions. On 11/02/06, Dr. performed SI joint injections. On 12/14/06, Dr. performed a hardware injection. On 01/09/07, Dr. prescribed Norco and Dilaudid. A CT scan of the lumbar spine interpreted by Dr. on 03/06/07 revealed the fusion at L4-S1 and SI joint degenerative changes. On 03/13/07, Mr. indicated the patient was at statutory Maximum Medical Improvement (MMI). On 03/23/07, Dr. placed the patient at MMI with a 15% whole person impairment rating. On 04/02/07, Dr. requested a rhizotomy and prolotherapy. On 05/15/07, Mr. requested Cymbalta.

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

According to the National Spinal Injection Society and courses taught at the American Spine Society, sacroiliac joint injections are diagnostic alone. There is no therapy at this time that is recognized as being appropriate for the osteoarthritis of the sacroiliac joint. The patient has this preexisting degenerative condition. There is no current scientific literature that suggests prolotherapy has any significant effect on the body other than placebo. There are no peer reviewed placebo based prospective studies that demonstrated the effectiveness of such an injection. This is an unproven therapy. Therefore, based on the criteria that sacroiliac joint injections are diagnostic alone and the lack of credible scientific evidence that prolotherapy is effective, I do not believe the requested prolotherapy with SI joint injections is reasonable and necessary as related to the original injury.

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

X **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**

X **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)**

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

National Spinal Injection Society
American Spine Society