

# **MATUTECH, INC.**

**PO Box 310069  
New Braunfels, TX 78131  
Phone: 800-929-9078  
Fax: 800-570-9544**

---

**Addendum 5/18/07**

**DATE OF REVIEW:** MAY 14, 2007

**IRO CASE #:**

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

SI joint injections (CPT code 27096) and lumbar MRI w/wo contrast (CPT code 72158).

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

CERTIFIED BY THE AMERICAN BOARD OF PHYSICAL MEDICINE & REHABILITATION WITH CAQ IN PAIN MEDICINE

**REVIEW OUTCOME**

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

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 healthcare services in dispute.

*Medical necessity exists for SIJ (diagnostic) (approved)*

*Medical necessity does not exist for MRI study based on information provided (denial is upheld)*

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

- Clinic notes (11/17/04 – 02/16/07)
- Radiodiagnostics (10/17/96 – 12/07/06)
- Procedure notes (11/30/04 – 08/16/06)
- Utilization reviews (02/26/07 & 03/13/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient who injured her lower back after lifting a 430-lb patient to stand from a low couch to her walker.

Radiographs performed in 1996 showed unremarkable lumbar spine. In 2004, radiographs were repeated for persistent back pain. X-rays of the thoracic spine

showed mild degenerative changes, prominent marginal osteophytes, significant disc space narrowing, and prominent degenerative changes at C5-C6. X-rays of the lumbar spine showed: (a) mild degenerative change at L1-L2 with small marginal osteophytes; (b) mild degenerative narrowing at L4-L5 and L5-S1; and (c) mild facet joint disease at L4-L5.

Magnetic resonance imaging (MRI) of the lumbar spine showed a broad-based left paramedian disc protrusion at L4-L5. Cervical MRI showed a broad-based bar-like disc protrusion at C5-C6 and a minimal broad-based disc bulging at C4-C5 and C6-C7. M.D., diagnosed cervical pain with left upper extremity radiculopathy and low back pain with left lower extremity radiculopathy. The patient received a lumbar epidural steroid injection (ESI). A C5-C6 anterior cervical discectomy and fusion (ACDF) was performed on November 30, 2004. In 2005, the patient complained of left-sided low back pain radiating to the back of her knee with some numbness occasionally in her foot. Analgesic and narcotic pain medications were prescribed. She was treated with lumbar ESI, a single left lumbar medial branch block followed by left lumbar medial branch rhizotomy. The patient was advised to increase her activity levels. M.D., recommended lumbar surgery.

On July 6, 2005, the patient underwent a left L4-L5 microdiscectomy. The postoperative diagnosis was left L4-L5 herniated nucleus pulposus (HNP). The patient did well after surgery.

In June 2006, the patient had a recurrence of the low back pain similar to her pre-surgery levels. The patient reported having had several surgeries since November 2005. An MRI showed a focal left anterior epidural mass at L4-L5 in place of a previous slightly larger disc protrusion at that level. There was some focal compression of the transiting left L5 nerve root. On August 16, 2006, Dr. performed L4-L5 transforaminal lumbar interbody fusion (TLIF) was performed. In October 2006, x-rays showed: (a) postoperative changes at L4-L5 with a prosthetic disc; (b) mild-to-moderate degenerative narrowing of the L5-S1 disc space; (c) mild marginal osteophytosis at L1-L2, L2-L3, and L3-L4; and (d) mild narrowing of the L1-L2 disc space. The patient reported significant improvement in her leg symptoms following the TLIF, but her back pain continued. Physical therapy (PT) was initiated.

In February 2007, the patient reported the onset of sacroiliac (SI) type numbness and tingling with occasional sharp pain, greater on the left. Dr. requested SI joint injections and lumbar MRI.

On February 26, 2007, the requested SI joint injections and lumbar MRI were denied for the following reasons: *The available records do not provide a detailed examination to indicate the patient had SI dysfunction. The patient's most recent examination failed to establish that she had objective progression of neurological deficit. MRI can be too sensitive regard to degenerative disease findings and commonly displace pathology that is not responsible for the patient's symptoms.* On March 13, 2007, reconsideration request for the above was denied and the rationale remained the same.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** PATIENT WITH CHRONIC LOW BACK PAIN WHO HAS FAILED MULTIPLE INTERVENTIONS. THE MRI IS A REPEAT STUDY AND WILL NOT LIKELY REVEAL ANY ABNORMALITIES RELATED TO THE ORIGINAL INJURY AND BASED UPON THE AVAILABLE EVIDENCE, WILL NOT REVEAL ANY COMPLICATIONS RELATED TO THE INTERVENTION. THE SIJ REQUESTED IS DIAGNOSTIC ONLY AND SUPPORTED THRU VARIOUS PEER REVIEWED LITERATURE INLCUDING THE ODG.

**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)  
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**  
**(A) SCHWARZER AC, APRILL CN, BOGDUK M. THE SIJ IN LOW BACK PAIN SPINE 1995; 20:31-37. (B) MAIGNE YH ET AL; SPINE 1996; 21: 1889-1892; (C) EBRAHEIM NA; EIGAFY SPINE 2000: 25: 2047-2051; (D) KATZ V ET AL; J SPINAL DISORDERS TECH 2003: 16: 96-99.**