

# Independent Resolutions Inc.

835 E. Lamar Blvd. #394

Phone: 817-235-1979

Fax: 817-5489-0310

**DATE OF REVIEW:** MAY 24, 2007

**IRO CASE #:**

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

Sacroiliac joint injections and repeat MRI with and without contrast

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

Board Certified Orthopedic Surgeon

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Ankle x-ray, xx/xx/xx

Note, PAC, 02/18/05

Office notes, Dr., 05/31/05, 07/05/05, 07/21/06, 10/17/06 and 12/08/06

Notes, Nurse Practitioner for Dr., 08/02/05, 11/15/05, 06/23/06 and 09/05/06

Surgery noted, 08/16/06

Note, PAC for Dr., 02/16/07 and 04/24/07

Notes Utilization Review, 02/26/06 and 03/13/07

Case notes

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female nurse injured on xx/xx/xx in an unknown manner. She had a cervical fusion and an L4-5 microdiscectomy for low back and left leg pain in 07/05.

On the 08/02/05 office note the claimant was doing well and had resolution of her leg pain. Strength was 5/5. By 11/05 she reported that she had a return of some left leg pain. She was treated with Medrol. The claimant was not seen again until 06/23/06 apparently due to other medical issues. At that time she had increased back and leg pain. The examination demonstrated weakness of the left lower extremity. An MRI was

recommended and according to the 07/21/06 note from Dr. showed a recurrent disc herniation. Fusion was recommended. On 08/16/06 the claimant had an L4-5 fusion.

On the 09/05/06 follow she was doing well. There was no numbness and good sensation. The claimant continued to do well until 12/08/06 when she reported back pain. Medications were Darvocet and Robaxin. On examination there was tenderness of the bilateral sacroiliac joints. She was referred for therapy.

The PA-C evaluated the claimant on 02/16/07 for bilateral sacroiliac pain. On examination the sacroiliac joints were reported as exquisitely tender. A repeat lumbar MRI and sacroiliac injections were recommended. The requests were denied. On return to Dr. on 04/24/07 the claimant reported back and posterior bilateral leg pain. Dr. requested an MRI.

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

On overview, there has been no appreciable change in the claimant's condition documented to prompt an additional MRI. There have been no plain films to suggest instability above or below the fusion. There are no specific neurological deficits documented. There is certainly no progressive neurological deficit documented. Although the sacroiliac joints are reportedly tender, there is no documentation of specific sacroiliac joint pathology.

The Reviewer would not consider the sacroiliac joint injections or a repeated MRI as being medically necessary.

This claimant clearly has a reason for low back pain, that being a history of two prior low back procedures. There are no specific physical findings other than tenderness to suggest sacroiliac pathology. Sacroiliac blockade is of variable effectiveness. There is limited research to outline any long term benefit from such blocks.

As outlined above, there is no evidence of a progressive neurological deficit in this case. There is no evidence of bowel or bladder dysfunction. There is no evidence of any new instability above or below the prior fusion. As such criteria for repeated MRI have not been established.

Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Updates, Hip and Pelvis- Sacroiliac joint blocks; Low Back

**Criteria for the use of sacroiliac blocks:**

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management

There is limited research suggesting therapeutic blocks offer long-term effect.

Evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block.

**Indications for imaging -- Magnetic resonance imaging:**

- Lumbar spine trauma: trauma, neurological deficit

- 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**
  - Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Updates, Hip and Pelvis- Sacroiliac joint blocks; Low Back
- 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)**