

Clear Resolutions Inc.

An Independent Review Organization
7301 Ranch Rd 620 N, Suite 155-199
Austin, TX 78726
Fax: 512-519-7316

Notice of Independent Review Decision

DATE OF REVIEW: JULY 27, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

27096, bilateral, Sacroiliac joint Injection; 72275, Epidurography; and 77003 Radiological super, Fluoroscopy

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 under the American Board of Anesthesiologists.

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.

The reviewer finds that medical necessity does not exist for 27096, bilateral, Sacroiliac joint Injection; 72275, Epidurography; and 77003 Radiological super, Fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/20/08, 7/7/08
ODG Guidelines and Treatment Guidelines
, MD, 6/12/08, 6/4/08, 4/28/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job on xx/xx/xx when she fell while sitting in a chair. The patient complains of low back pain. The request is for bilateral SI joint injections with epidurography and fluoroscopy for needle guidance. It is noted on physical exam on 06/12/08 that the patient had a positive Patrick's sign bilaterally, positive Gaenslen's test on the right, and "painful sacroiliac joints bilaterally."

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

Per the *Official Disability Guidelines*, an SI joint injection is indicated if the patient shows at least three positive physical exam findings that are listed in the *Official Disability Guidelines*. The patient is noted to have a positive Patrick's sign bilaterally and a positive Gaenslen's sign on the right. Therefore, regarding the request for bilateral SI joint injections, this would not be indicated given that there is only one sign that is positive bilaterally. The right side does have two positive tests, but that is all. There is not enough evidence in the medical records provided to indicate that this patient has sacroiliitis. In addition, there is a request for epidurography which is not indicated in this situation as the epidural space would not be entered during this procedure and therefore is not necessary. It is noted that an epidurogram was performed on 06/04/08 after the patient received a caudal epidural steroid injection. There should not be much change in the epidural space between that time and the time that this procedure would be performed. Therefore, given all of this information, a bilateral SI joint injection would not be indicated at this time. The reviewer finds that medical necessity does not exist for 27096, bilateral, Sacroiliac joint Injection; 72275, Epidurography; and 77003 Radiological super, Fluoroscopy.

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 KNOWLEDGBASE
- 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)**