



REVIEWER'S REPORT

DATE OF REVIEW: 07/29/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacroiliac joint rhizotomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed the Back Institute preauthorization request form for medial branch rhizotomy of the right sacroiliac joint.
2. I reviewed a note dated 01/14/08 from Dr. The impression was “status post spinal cord stimulator on 02/01/06 with very painful lead anchor placement. The patient has not used the stimulator in almost two years.”
3. On 01/14/08 he saw Dr. He was using Duragesic 75 mcg patch every two days along with 10 mg of Methadone ¼ to ½ every six hours as needed for breakthrough pain.
4. I reviewed a 02/11/08 note from Dr.
5. I reviewed the 03/10/08 report from Dr. He had his spinal cord stimulator removed the previous week.
6. I reviewed the 03/12/08 procedure note from Dr. The procedure was “removal of lead extension wire, removal of two leads, and removal of IPG, revision of the implant site and scar.”
7. I reviewed the note of 04/27/08 from Dr.

8. I reviewed the 04/07/08 note from Dr. He was wearing a 75 mcg Duragesic patch every three days now and was taking Methadone 10 mg two to three every four to five hours. At that time he had positive bilateral Patrick-Fabere test as well as positive Yeoman maneuver and positive Gaenslen maneuver. He was diagnosed by Dr. with "failed back syndrome, sacroiliac joint dysfunction, and hypertension."

8. I reviewed a 05/06/08 note from Dr.

9. I reviewed a procedure note from 05/16/08, which was a right sacroiliac joint injection by Dr. The pain was 4/10 before injection and 0/10 following the injection.

10. I reviewed a 06/02/08 progress note from Dr. He was still showing some signs of improvement following the injection, and a rhizotomy was recommended.

11. I reviewed a report from Dr. dated 07/09/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

It appears as though the injured employee sustained a low back injury on xx/xx/xx for which he went on to have various therapeutic interventions, ultimately leading to an L5/S1 fusion on 05/01/02, presumably due to a spondylolisthesis. He had a subsequent spinal decompression on several occasions, with the last one being 10/28/04, none of which resolved his problems. He had a spinal cord stimulator implanted, but that failed, and it was removed. He did have a right sacroiliac joint injection with some improvement, and the request has been made for a sacroiliac joint rhizotomy at this point.

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

Although the injured employee reported some symptomatic relief following the right sacroiliac joint injection, he remains on high doses of medication, that being Duragesic 75 mcg as well as Methadone. He is in apparently in or going to be in the COPE Program. The ODG Guidelines do not support radiofrequency neurotomies of the sacroiliac joint. Specifically, the on-line version of the ODG Guidelines states, "Sacroiliac joint radiofrequency neurotomy is not recommended. Multiple techniques are current described: (1) a bipolar system using radiofrequency probes; (2) sensory stimulation guided sacral lateral branch radiofrequency neurotomy; (3) lateral branch blocks (nerve blocks) of the L4/L5 primary dorsal rami and S1-S3 lateral branches; (4) pulsed radiofrequency denervation of the medial branch of L4, the posterior rami of L5, and lateral branches of S1 and S2. This latter study applied the technique to patients with confirmatory block diagnosis of sacroiliac joint pain that did not have a long-term relief from these diagnostic injections. There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A greater than 50% reduction in the visual analog score was found for sixteen of these patients with a mean duration of relief of 20 +/- 5.7 weeks. The use of these techniques has been questioned, in part due to the fact that the enervation of the sacroiliac joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. Recent review of the intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure."

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)