



Southwestern Forensic
Associates, Inc.

DATE OF REVIEW: 06/20/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacroiliac joint injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine, 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. 02/04/08 handwritten note, basically illegible, author unknown
2. MRI scan report dated 02/08/08 authored by Dr. . This was of the lumbar spine. Impression was “loss of distal signal intensity at the L4/L5 level due to disc desiccation. There is a diffuse disc bulge at the central and left side disc protrusion at the L4/L5 level with obliteration of epidural fat and impingement on thecal sac. Extruded disc at the L5/S1 level on the left side extending to the lateral recess and neural foramen with obliteration of epidural fat and impingement on thecal sac and impingement on left S1 nerve root. Spinal canal, lateral recessed stenosis on the left side at the L5/S1 level, no evidence of spondylolysis or spondylolisthesis. No other abnormalities identified on the MRI scan of the lumbar spine.”
3. Another illegible note of 02/19/08 was scanned.
4. I reviewed a report of 02/25/08 from Dr. . Reference was made to the injured employee being a xx-year-old female who reportedly hurt her lower back while lifting at work on xx/xx/xxx with pain that extended into her left leg. She had a diminished left Achilles reflex and difficulty toe-walking with positive straight leg raising at 45 degrees on the left. There was decreased sensation in the S1 distribution on the left side. Recommendation was for an epidural steroid injection.
5. Another illegible note of 02/26/08 was scanned.
6. I reviewed a 03/07/08 note from Dr. who diagnosed “lumbar herniated nucleus pulposus, lumbar radiculitis.”
7. I scanned an electrical note of 04/11/08.

8. I reviewed a 04/18/08 note authored by Dr. . He felt she had tenderness over both sacroiliac joints and recommended a left L5 and left S1 epidural steroid injection as well as a recommended sacroiliac joint injection in the future.
9. I read a review by Dr. . dated 05/09/08.
10. I reviewed a 05/30/08 report from Dr. .
11. I reviewed a report from Dr. . dated 06/09/08.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old lady who injured her low back while lifting at work on xx/xx/xx. She was found to have an L4/L5 disc protrusion as well as an extruded disc herniation at the L5/S1 level impacting the left S1 nerve root. The findings are compatible with a left lumbosacral radiculopathy secondary to the disc herniation/protrusions. She has failed conservative treatment. Initially there was a recommendation for an epidural steroid injection, which according to one of the notes, was approved but never performed. Now there is a request for sacroiliac joint injections.

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

This individual's problem is discogenic from the L4/L5 and L5/S1 discs and the compression on the left S1 nerve root. There was one notation of some tenderness at the sacroiliac joint, which is insufficient to justify beginning to inject the sacroiliac joints. The ODG Guidelines do require at least three positive signs of sacroiliac joint dysfunction, which is not the case here. Any tenderness of the sacroiliac joint could be manifestation of referred pain from the discogenic back problems she is experiencing. There is, therefore, in my opinion, no support for sacroiliac joint injections.

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.)