



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review Decision

DATE OF REVIEW: 03/25/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral radiofrequency SI joint injection

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Pain Management and board certified in Anesthesiology with Special Qualification in Pain Management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amt. Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
722.10 756.11 724.00	27096	NA	Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

- TDI Case Assignment
- Letters of denial dated 02/01/08 and 02/20/08 and criteria for denial (ODG)
- Progress notes of 11/13/07 and 12/11/07
- Preauthorization request of 01/25/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a case where the employee sustained an injury to his lower back while bending and lifting underneath a boiler on xx/xx/xx. He complained of pain and discomfort in the lower back with radiation to both legs. He underwent lumbar fusion and SI joint injections and a spinal cord stimulator implant. The response to the SI joint injections, which is the procedure in question, is unclear. He received some relief from that, but the second is not stated, whether or not he had relief.

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

According to the American College of Occupational and Environmental Medicine, Official Disability Guidelines, sacroiliac joint blocks may be used as an option if the patient has failed at least four to six weeks of aggressive conservative therapy. I do not see that the patient has undergone that. SI joint injections have limited evidence as to their effectiveness. On the review

done on 11/07/07, it is clearly stated that the criteria for SI joint intervention has not been met, which is, therefore, the reason for upholding the denial. In addition to this, it does not meet the ODG Guidelines for treatment. The reviews that have been done are excellent with more than adequate documentation of this. I will not repeat those at this time.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
 - AHCPH-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 national accepted medical literature (provide a description).
 - Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)
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