

# MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

**DATE OF REVIEW: MARCH 19, 2008**

**IRO CASE #:**

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

Right S1 Joint Injection under fluoroscopy

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

MD, Board Certified in Neurology

**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**

- \* Initial pre-authorization review with denial [1/29/08], denial of services [1/30/08], copy of repeal denial [2/5/08]
- \* Progress notes from MD [12/20/07, 1/22/08 (including EMG/NCV), 2/5/08, 2/13/08, 2/26/08, 3/4/08]
- \* Request for SI injection under fluoroscopy [1/23/08]
- \* Physical therapy notes of 11/9/07 and 12/7/07
- \* MRI lumbar spine report from Medical Center [10/24/07]
- \* Copy of ODG sacroiliac joint injections

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is an approximate xx-year-old female who slipped and fell while working on xx/xx/xx. She has reportedly tried multiple anti-inflammatory medications and physical therapy since the time of the injury. She has had minimal improvement in her right low back pain. The pain extends to the right greater than left lower extremities.

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

AT THE TIME OF THE PREVIOUS DENIAL, ONLY ONE POSITIVE PHYSICAL FINDING FOR SACROILIAC JOINT DYSFUNCTION HAD BEEN LISTED UNDER PHYSICAL EXAM FINDINGS. SUBSEQUENT TO THAT TIME, ON THE PHYSICAL EXAM OF 2/13/08, MULTIPLE POSITIVE PHYSICAL EXAM FINDINGS FOR RIGHT-SIDED SACROILIAC JOINT DYSFUNCTION WERE NOTED. ACCORDING TO THE ODG GUIDELINES, THE PATIENT MEETS THE FIRST THREE CRITERIA FOR TRIAL OF SACROILIAC JOINT INJECTIONS, WHICH ARE:

1. HISTORY AND PHYSICAL SHOULD SUGGEST THE DIAGNOSIS.
2. DIAGNOSTIC EVALUATIONS MUST FIRST ADDRESS ANY OTHER POSSIBLE PAIN GENERATORS [MRI OF THE LUMBAR SPINE IS BASICALLY NEGATIVE AND EMG/NCV OF THE LOWER EXTREMITIES IS LIKEWISE NEGATIVE].
3. THE PATIENT HAS FAILED AT LEAST FOUR TO SIX WEEKS OF AGGRESSIVE CONSERVATIVE THERAPY INCLUDING PHYSICAL THERAPY, HOME EXERCISE, AND MEDICATION MANAGEMENT.

**Medical Review of Texas**

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**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 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
- 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)