



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 3/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of injections procedure for sacroiliac joint, arthrography and/or anesthetic/steroid.

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

The reviewer is a board certified physical medicine and rehabilitation physician with greater than 10 years of experience in this field.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of injections procedure for sacroiliac joint, arthrography and/or anesthetic/steroid.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Institute - MD, PA

These records consist of the following (duplicate records are only listed from one source): Records received from: denial letters – 2/1/08 & 3/6/08; reports – 2/1/08 & 3/3/08; Institute pre-authorization requests – 1/30/08, notes/reports- 2/1/08-11/30/07; and TWCC73s-2/4/08 & 1/21/08.

Records received from Institute - MD, PA: Institute notes/reports-2/4/08-5/6/05; Imaging Services of MRI reports-12/17/07 & 5/13/04; and Surgery Center reports-8/10/06-1/10/06

A copy of the ODG was not provided by the Carrier or URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured at work. He reported intermittent lumbar pain with recurrent right buttock and posterior thigh pain. He is currently under the care of Dr.. He documents diminished right Achilles reflex, (+) SLR on the left, positive right Patrick's sign on 1/21/08 and MRI (12/17/07) evidence of annular tear at right L3-4, with disc protrusion, extruded central L4-5 disc, and right sided L5-S1 annular tear with disc protrusion. Unstable L5-S1 spondylolisthesis is observed on flexion extension radiographs on 1/21/08. Patrick's test is positive on 2/4/08, 1/21/08, 11/30/07 (along with positive pelvic tilt and Gaenslen's sign), 8/6/07, 6/15/07, 5/18/07, 3/19/07, etc.

In the past, right SI injections provided relief based on Dr. note on 2/16/07 and 1/29/07. This procedure was described as an injection of a sacral lipoma without fluoroscopic guidance on 12/27/06 and a TrP injection on 1/30/06. A SNRB was provided in the past. Right SI block under fluoroscopic guidance was also provided on 8/10/06 and 1/10/06. He is currently managed with NSAID, topical analgesics, and activity restrictions.

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

The reviewer states that as per the ODG, SJI blocks are..." Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. See the Hip & Pelvis Chapter for more information, references, and ODG Criteria for the use of sacroiliac blocks.

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy.
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks. (Right SI block under fluoroscopic guidance was also provided on 8/10/069 and

1/10/06. There is a greater than 2 month interval between each block. The last fluoroscopically guided block was done on 8/10/06. Recent injections appear to be soft tissue or trigger point injections on 12/27/06 and 1/30/06.)

8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.

9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

There has not been enough documentation provided for this review to support authorization of SI blocks as ODG criteria # 3, 5, 6, and 8 are not met. The proposed procedure is not medically necessary.

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)**