

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 5, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral sacroiliac joint intra-articular injection with fluoroscopy

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

M.D., Board Certified in Anesthesiology with Certificate of Added Qualifications by the American Board of Anesthesiology in Pain Management, in practice of Pain Management for 20 years

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.

The reviewer finds that there is medical necessity for bilateral sacroiliac joint injections with fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 1/30/08, 1/21/08
ODG Guidelines and Treatment Guidelines
MD, 12/21/07, 1/22/08
Management, 6/28/06
MD, 5/23/06
MD, 8/19/05
Patient Questionnaire, 12/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual has low back pain after a work-related injury. Physical therapy and medications were utilized. EMG study was unremarkable. The MRI scan shows an annular tear at L5/S1. A fusion has been recommended. Low back pain persists.

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

The ODG Guidelines and criteria for use of sacroiliac blocks include the following:

1. History and physical should suggest the diagnosis. There are numerous clinical maneuvers that suggest SI joint dysfunction. These findings are present in Dr.'s records. Criteria met.
2. Diagnostic evaluation must first address any other possible pain generators. Other possible pain generators have been addressed. Criteria met.
3. Patient has had and failed at least four to six weeks of conservative therapy including physical therapy, home exercise, and medication management. Criteria met.
4. Blocks are performed under fluoroscopy. Criteria met.

Therefore, the ODG Guidelines requirements for a diagnostic/therapeutic bilateral sacroiliac joint injection under fluoroscopy have been met.

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)**