

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

27096: Inject Sacroiliac Joint and 73542: X-Ray Exam, Sacroiliac Joint

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

MD, Board Certified Orthopedic Surgeon

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 medical necessity exists for 27096: Inject Sacroiliac Joint and 73542: X-Ray Exam, Sacroiliac Joint.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 09/12/08, 10/06/08

ODG Guidelines and Treatment Guidelines

Office notes, Dr. 03/08/07, 03/15/07, 07/05/07, 09/28/07, 10/04/07, 01/09/08, 03/20/08, 09/08/08

Dr. RME, 07/03/08

UR position statement, 10/24/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a male with a reported injury in xxxx when a product fell on him . The records indicated that the claimant had low back pain and underwent a subsequent lumbar

laminectomy with a 360 fusion L5-S1 in xx/xxxx. The claimant was eventually diagnosed with post-laminectomy syndrome.

An exacerbation of back pain which left sacroiliac dysfunction was noted on a 03/08/07 physician's visit. This was followed by a lumbar laminectomy and hardware removal in April 2007. The claimant's back pain was exacerbated in October 2007 when the claimant suffered an ankle fracture which required open reduction and internal fixation.

The claimant continued with low back pain mostly right sided and was diagnosed with right sacroiliac joint dysfunction. On physical examination, there was a positive Fortin test on the right as well as a positive Fabere on the right. A right sacroiliac joint injection and sacroiliac joint x-rays were requested.

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

This individual has apparently undergone L5-S1 fusion and is diagnosed with postlaminectomy syndrome. The more recent physical examination describes a positive FABER test and tenderness over the sacroiliac joint, both of which would point to the sacroiliac joint as a potential source of symptoms. While this is not necessarily diagnostic, it is certainly suggestive of sacroiliac joint dysfunction and a diagnostic fluoroscopic guided sacroiliac joint injection can be considered a reasonable next step in managing this individual's subjective pain complaints.

This would be consistent with the evidence-based ODG guidelines. The reviewer finds that medical necessity exists for 27096: Inject Sacroiliac Joint and 73542: X-Ray Exam, Sacroiliac Joint.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates,
Low Back : Sacroiliac joint injections (SJI) ; Hip and Pelvis : Sacroiliac joint blocks
Low Back : Radiography (x-rays). Hip and Pelvis X-Ray
Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy.

Hip and Pelvis : Sacroiliac joint 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.
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.

per ODG low Back : Radiography (x-rays) Not recommend routine x-rays in the absence of red flags.

per ODG: Hip and Pelvis X-Ray Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury.

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)