



REVIEWER'S REPORT

DATE OF REVIEW: 08/18/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacroiliac joint injection under fluoroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The ODG criteria for an SI joint injection under fluoroscopy have been met.

INFORMATION PROVIDED FOR REVIEW:

1. referral
2. , MD, office notes, 7/6/09
3. , MRI of the Left Knee, 5/29/09
4. , MRI of the Lumbar Spine, 5/29/09
5. , X-ray of lumbar spine and left knee, 5/29/09

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This individual has a two-month history of localized back pain after a work-related injury. Physical therapy has been performed. MRI scan shows degenerative changes.

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

The ODG criteria state that other possible pain generators should be addressed.

1. The history and physical suggests the diagnosis with three positive exam findings. Dr. 's physical exam described three positive exam findings.
2. Evaluation must first address any other possible pain generators. There is no radicular pain and nerve impingement on MRI scan.
3. Patient has had and failed at least four to six weeks of aggressive conservative therapy including physical therapy, home exercise program, and medication management. This has been performed.
4. Blocks performed under fluoroscopy. This has been met.

Therefore, a diagnostic/therapeutic SI joint injection is reasonable and necessary.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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.)