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**DATE OF REVIEW: 02/02/2009**

**IRO CASE #:**

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

12-5-08 SI joint injection; 12-15-08 SI joint injection

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld

| Health Care Service(s) in Dispute | CPT Codes | Date of Service(s) | Outcome of Independent Review |
|---|---|---|---|
| 12-5-08 SI joint injection;12-15-08 SI joint injection | | | Upheld |

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

| No | Document Type | Provider or Sender | Page Count | Service Start Date | Service End Date |
|---|---|---|---|---|---|
| 1 | MRI | Radiology | 1 | 01/24/2008 | 01/24/2008 |
| 2 | Office Visit Report | MD | 15 | 04/21/2008 | 12/01/2008 |
| 3 | Initial and Appeal Denial Letters | | 4 | 11/25/2008 | 12/10/2008 |
| 4 | IRO Request | Texas Department of | 13 | 01/13/2009 | 01/13/2009 |

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|---|---|---|---|---|---|
| | | Insurance | | | |
| 5 | UR Request and Appeal Request | Management | 6 | 07/18/2008 | 12/02/2008 |

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. The records available for review document that the claimant developed difficulty with low back pain when the claimant was attempting to lift.

A lumbar MRI obtained on 1/24/08 revealed findings consistent with a disc herniation at the L3-L4 disc level with cephalad extrusion. Additionally, there was evidence for a disc bulge at the L4-L5 and L5-S1 disc levels.

A physician assessment was conducted with Dr.  on 4/21/08, and it was documented that past treatment in the form of a right sacroiliac joint injection decreased pain symptoms by approximately 80% to 90%.

The records available for review document that the claimant was evaluated by the above noted physician on the following dates: 7/7/08, 11/18/08, 11/24/08, and 12/1/08. On these dates, it was recommended that treatment be considered in the form of a right sided sacroiliac joint injection. The records available for review do not document that there were any neurological deficits on physical examination.

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

Based upon the medical documentation presently available for review, medical necessity for treatment in the form of a right sided sacroiliac joint injection is not established per criteria set forth by Official Disability Guidelines. Unfortunately, the submitted clinical documentation consists of templated notes, and the physician office visit assessments do not provide specifics with respect to physical examination findings to support that pain symptoms would definitively be related to the right sacroiliac joint region. The records presently available for review do not provide specifics to indicate how a past attempt at a right sacroiliac joint injection improved the claimant's functional abilities and decreased medication utilization for management of pain symptoms. It was documented that a previous attempt at a right sided sacroiliac joint injection did decrease pain symptoms, but the records available for review do not document what other forms of conservative treatment was attempted, specifically as it relates to treatment in the form of therapy services.

There is a lack of documented physical examination findings to support a medical necessity for treatment in the form of a right sided sacroiliac joint injection. Based upon the documentation presently available for review, the above noted reference would not support a medical necessity for a right sided sacroiliac joint injection as it relates to the work injury of 1/14/08.

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

ODG:

Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint.

*Innervation:* The anterior portion is thought to be innervated by the posterior rami of the L1-S2 roots and the posterior portion by the posterior rami of L4-S3.although the actual innervation remains unclear. Anterior innervation may also be supplied by the obturator nerve, superior gluteal nerve and/or lumbosacral trunk. (Vallejo, 2006) Other research supports innervation by the S1 and S2 sacral dorsal rami.

*Etiology:* includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma.

*Diagnosis:* Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). (Schwarzer, 1995) There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Sacral lateral branch injections have demonstrated a lack of diagnostic power and area not endorsed for this purpose. (Yin, 2003)

*Treatment:* There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. (Forst, 2006) (Berthelot, 2006) (van der Wurff, 2006) (Laslett, 2005) (Zelle, 2005) (McKenzie-Brown 2005) (Pekkafahli, 2003) (Manchikanti, 2003) (Slipman, 2001) (Nelemans-Cochrane, 2000) See also Intra-articular steroid hip injection; & Sacroiliac joint radiofrequency neurotomy.

**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. (Hansen, 2003)

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.