



# INDEPENDENT REVIEW INCORPORATED

**DATE OF REVIEW:** 05/18/09

**IRO CASE #:**

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

Left sacroiliac joint injection.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine. Have over 22 years of clinical experience in the practice of Pain Management, and is currently actively practicing.

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
720.3	27094		Prosp.		04/23/09		xx-xx-xx		Upheld
720.3	20794		Prosp.		04/14/09		xx-xx-xx		Upheld

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI case assignment.
2. Letter of denial and UR documentation 04/14/ & 04/23/09, including criteria used in denial.
3. Orthopedic consultation 04/09/09.
4. Radiology/MRI reports 11/29/08 & 01/18/09.
5. Physical therapy evaluation 04/01/09.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

According to the orthopedic consultation, this claimant was working when twisted his back and hyperextending his left knee. He was initially treated with "some physical therapy." He then eventually underwent lumbar MRI and EMG testing. That MRI, on 11/29/08, demonstrated bilateral foraminal narrowing from L3/4 through L5/S1 and disc dehydration at L4/5 with an annular bulge. Electrodiagnostic studies were performed on 01/18/09, demonstrating suggestion of an acute left S1 nerve root irritation. It was noted that the claimant's complaint was left lower extremity pain extending to the medial lower leg with numbness and pins and needles in the lower leg and foot. On 04/01/09 the claimant was evaluated and a 7/10 level of lumbar pain with "frequent numbness in his left leg" as well as a pain level of 5/10 in the left knee was documented. Physical examination documented tenderness over the left sacroiliac joint, pain with lumbar flexion, straight leg raising test productive of back pain, normal strength and sensation, and a positive FABER test "on the left hip." Left sacroiliac injection was recommended. It was stated that it was "possible that the sciatic nerve, which runs in proximity to the sacroiliac joint, is perhaps irritated or on the same fibers that originate from S1" as his rationale for performing the injection. Two separate physician advisors then recommended non-authorization of the request on 04/14/09 and 04/23/09 respectively. Both cited ODG Treatment Guidelines and lack of sufficient physical examination evidence to support the requested procedure.

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

The claimant has undergone an unspecified amount of physical therapy ("some") as well as complained of low back pain with "frequent numbness in his left leg." Physical examination documented that the claimant had pain with lumbar flexion, not lumbar extension, and that there was tenderness over the left sacroiliac joint and a positive FABER test "on the left hip." Neither the documented complaints of lumbar pain with numbness, nor the physical examination, are sufficiently consistent with left sacroiliac joint injury to justify left sacroiliac joint injection for ODG Treatment Guidelines.

If the left sacroiliac joint were, in fact, a pain generator, lumbar flexion should provide relief, not increase pain, based on the anatomy and mechanism of movement of the left sacroiliac joint with flexion. Additionally, a positive FABER test for the "left hip" is not indicative of sacroiliac joint pain. Therefore, the only positive finding related to the sacroiliac joint is of

nonspecific tenderness, which is not sufficient evidence of left sacroiliac joint injury or inflammation to justify left sacroiliac joint injection per ODG Treatment Guidelines. The reason for the physician's performing of electrodiagnostic studies was to evaluate the claimant's "primary complaints of left lower extremity pain that extends to the medial lower leg" as well as "numbness and a pins and needles sensation in the lower leg and foot." Neither of these subjective complaints is in any way consistent with, or related to, sacroiliac joint dysfunction. Therefore, according to ODG Treatment Guidelines, and in the presence of radicular symptoms, there is no medical reason or necessity for the requested left sacroiliac joint injection. Therefore, the recommendations for non-authorization of left sacroiliac joint injection are, in my opinion, appropriate, and, therefore, uph

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- \_\_\_\_\_ Mercy Center Consensus Conference Guidelines.
- \_\_\_\_\_ Milliman Care Guidelines.
- \_\_\_XX\_\_\_ 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.)