

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 11/10/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

SI (sacroiliac) joint block

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

The TMF physician reviewer is board certified in physical medicine and rehabilitation with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the SI (sacroiliac) joint block is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/23/09

- Letter of determination – 10/09/09, 10/19/09
- Report of comprehensive medical evaluation by – 03/09/09
- Report of MRI of the pelvis/sacrum – 03/26/09
- Office visit notes by Dr. – 04/02/09 to 09/29/09
- Report of x-ray of the lumbar spine – 04/10/09
- History and physical by Dr. – 04/10/09
- Report of x-ray of the chest – 05/05/09
- Preauthorization request for SI joint block by Dr. – 09/30/09
- Reconsideration request for SI joint block by Dr. – 10/12/09
- Report of MRI of the lumbar spine – 04/06/09

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when she leaned forward and fell from a chair landing on her buttock. She has a history of previous spinal surgeries including a two-level lumbar fusion in 2003. She has been treated with medications, physical therapy and trigger pint injections to the right SI joint area. The notes indicate that she had excellent results from the previous SI joint injection performed on /0/16/08. The treating physician is recommending that the patient undergo a repeat SI joint block.

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

The best result (for pain relief) thus far for this patient was an SI joint block (injection) performed on 07/16/08. This provided temporary (several weeks) of relief. The request for a second SI joint injection is diagnostic as well as therapeutic in order to help determine whether this patient is a candidate for a more permanent procedure, mainly SI joint rhizotomy. The second SI joint block is medically appropriate for this patient as all other potential treatments have been tried without lasting success (oral medications, trigger point injections, PT) or have been ruled out (further surgery is not recommended by the consulting surgeon).

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)