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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 22, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed 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 Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	SI Joint injection		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 92 pages of records received from to include but not limited to: letter 10.6.09; ODG guidelines Low back-Lumbar and Thoracic; Dr. records 3.25.08-9.17.09; MRI Lumbar 11.21.08, 1.24.08; Health letter 2.19.08; Peer review 10.1.08; DDE 8.8.08; I etter 11.25.08

Requestor records- a total of 44 pages of records received to include but not limited to: Dr. records 2.13.08-9.17.09; MRI Lumbar 1.24.08; letter 9.11.09, 9.25.09

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a MRI dated November 21, 2008 noting a L3-4 disc lesion, foraminal narrowing and facet disease. The ER note indicates the chronic nature of the lumbar complaints. Pain was noted over the left paraspinal muscles. The assessment was a muscle strain and this was treated with oral steroid preparations.

Dr. completed a peer review reporting the history of the injury, the treatment rendered and that the disc lesions were more proximal then distal. Dr. felt that was not reasonable. This lady is not a surgical candidate.

Dr. completed a Designated Doctor evaluation and the injured employee was at maximum medical improvement with a 0% whole person impairment rating.

In February 2008, Dr. evaluated the injured employee as a new referral. Ms. continued to complaint of low back pain. That assessment was of sacroiliac spondylitis and lumbar spondylarthritis. SI provocation testing was reported as positive. A SI joint injection was suggested. In March 2008 this was carried out. Pain relief of 90% was reported. However, the VAS continued to be 9/10. With a full duty return to work, the pain complaints returned. A TENS unit was prescribed.

Ms. continued on medications, had a VAS of 8 and a repeat injection was redone; as was a third injection. Over the next several months the physical examination was unchanged, the complaints continued and additional interventions sought.

In November 2008 oral narcotic analgesics were renewed.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines 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.

Thus given the reported mechanism of injury, the objective findings noted and the treatments rendered, the relative lack of improvement there is no clear clinical indication for the requested procedure requested.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES