Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 08/09/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of bilateral SI joint injections and trochanteric bursa injection.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 15 years in this field and performs this type of service on an outpatient basis.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of bilateral SI joint injections and trochanteric bursa injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties: and Dr.

These records consist of the following (duplicate records are only listed from one source): 5/14/10 denial letter, 5/13/10 email from, 5/11/10 pre cert request, 3/22/10 MPM form# 097, 4/26/10 and 6/9/10 office notes by Dr., 6/18/10 denial letter, 6/17/10 email from, 6/10/10 request for reconsideration letter and 5/11/10 corrected pre cert request.

Dr.: All records received were duplicative of submission.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured on xx/xx/xx due to a work related injury. The records received were only from 2010. The patient was complaining to, D.O. of right hip pain which was increased when he bends forward. Walking reportedly caused his hip to hurt. He had lumbosacral spine pain which was elevated by movement. Dr. reported a positive Patrick's test bilaterally and positive straight leg raising bilaterally. His diagnoses were sacroiliitis bilaterally, trochanteric bursitis, lumbar facet syndrome, and lumbar spondylosis without myelopathy. Dr. recommended bilateral sacroiliac joint injections and bilateral trochanteric bursa injections.

The request for the above-described injections was reviewed by, M.D. and Dr. gave his impression that the Utilization Review was not supportive of those injections. Dr. stated that there was only one positive test mentioned in the medical record and that was the Patrick Test. He stated that sacroiliac joint dysfunction was not confirmed. He also stated that there was inadequate documentation for conservative management for trochanteric bursitis.

On June 9, 2010, the patient was evaluated by, FNP-C. Ms. reported that he was not doing well. He had severe lower back pain
radiating through his buttock and posterior leg and "severe damage in his foot." He had pain in his hips. Ms. noted that the patient had to sleep on his side due to a CPAP buckle and because of pressure on his hips; he would awaken frequently at night with severe hip pain. Ms. noted that he had performed pool therapy with exercises in the past and this had not been helpful.

She noted that he was taking Celebrex 200 mg b.i.d. and extensive pain medications. She noted that his leg pain was "sixty percent better" since he had a spinal cord stimulator implanted, but this had not helped his back much. She did state that he had gotten relief from injections and wanted them repeated.

Subsequent notes indicated that the patient had had bilateral sacroiliac joint injections with 80% improvement in pain lasting five months. Ms.'s note further indicates that he has a number of chronic medical problems including diabetes, hypertension, gastroesophageal reflux disease, diverticulitis, hyperlipidemia, and apparently sleep apnea. She noted that he had had multiple procedures on his lumbar spine including diskectomies and fusions and in 2008 underwent implantation of a spinal cord stimulator. Her examination indicated that his findings included positive Patrick's Test, positive Fortin Finger Test, positive Flamingo Test, and positive Gillet's Test.

On June 17, 2010, a request for reconsideration of approval of the sacroiliac injections and trochanteric injections was presented. The reviewer recommended denial of the injections stating that there was no documentation that other pain generators had been ruled out, that there was no evidence that the patient was actively participating in a home exercise program aimed at

functional restoration, and that his co-morbid medical conditions might be contributing to his chronic pain symptomatology.

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

Incomplete records are provided for review on this patient by the parties to the claim. The reviewer gathers from available records that he has severe pathology involving the lumbar spine and concurrent sacroiliac joint and trochanteric bursal problems. The patient has been extensively evaluated for pain generators and the health care providers evaluating him have determined that he has sacroiliac joint dysfunction supported by clinical findings of positive Patrick's Test, positive Fortin Finger Test, positive Flamingo Test, and positive Gillet's Test. Furthermore, the medical record indicates that this gentleman uses a CPAP machine at night and has to sleep on his side. Sleeping on his side produces severe hip pain which is strongly suggestive of trochanteric bursitis as diagnosed by his treating physician, Dr..

Although the medical record does not go into detail about past treatment, it is clear that this individual has received physical therapy including therapeutic pool therapy which was not determined to be helpful in the past. There is no comment regarding his current exercise program, but there are comments indicating that he has severe back pain with even simple activities such as standing or walking for 40 to 50 feet. He is also unable to lie comfortably on his side. He has had extensive medication therapy including nonsteroidal anti-inflammatory drugs, muscle relaxers, and pain relievers. Interestingly, he has also had sacroiliac joint injections, as stated in a reviewer's note, which provided 80% beneficial effect lasting five months.

The ODG Guidelines for use of sacroiliac blocks state that there should be history and physical findings suggestive of the diagnosis of sacroiliac joint pathology. This is clearly documented in the medical record with four of the listed positive exam findings present in the medical record. The ODG Guidelines further state that the diagnostic evaluation must address other possible pain generators. In the reviewer's medical opinion, this medical record gives adequate information that other pain generators have been considered and addressed. It is well documented that the individual has lumbar spine pathology with associated neurologic problems and these have been aggressively addressed and treated. The ODG Guidelines further state that the patient should have had and failed at least four to six weeks of aggressive conservative therapy including physical therapy, home exercises, and medication management. Although the medical record does not address specific time frames, the record does indicate that the patient had therapy including pool therapy which was not helpful. The record indicates that he has limited capability to perform exercises. He has had extensive medication management as documented in the medical record.

The ODG Guidelines state that if helpful, sacroiliac blocks may be repeated. The record indicates that he did have sacroiliac joint injections in January and these gave him five months of relief.

With regard to the trochanteric bursitis, he is required to sleep on his side because of the use of a CPAP apparatus and this does create severe hip pain. This is highly suggestive of trochanteric bursitis and the ODG Guidelines state that trochanteric bursitis is the second leading cause of hip pain in adults. Trochanteric bursitis injections are recommended for trochanteric pain and these injections are considered first line treatment of trochanteric bursitis because they are safe, simple, and effective.

For the above-mentioned reasons, it is the reviewer's opinion that this patient meets the ODG Guideline requirements for medical necessity of bilateral sacroiliac joint injections and trochanteric bursa injections.

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)**