



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 11-30-10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

One outpatient sacroiliac joint injection

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

American Board of Physical Medicine and Rehabilitation

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- On 9-14-06, an EMG/NCS performed by DO.
- DO., office visits on 9-1-06, 10-2-06, 10-25-06, 11-16-06, 3-19-07, 5-8-07, 7-17-07, 8-21-07, 9-20-07, 11-6-07, 11-29-07, 3-3-08, 3-14-08, 4-3-08, 5-1-08, 6-5-08, 7-3-08, 7-31-08, 9-23-08, 3-30-09, 4-21-09, 5-5-09, 6-9-09, 7-9-09, 8-20-09, 5-5-10, 7-6-10, 9-30-10.
- 5-30-07 Dr. performed a left sacroiliac joint intraarticular injection.
- MD., office visits on 6-6-07 and 6-15-07.
- 9-20-07 Letter of medical necessity provided by Dr..
- MD., office visits on 9-27-07, 10-22-07, and 11-15-07.
- 1-16-08, MD., performed a Treating Doctor Evaluation.
- Physical therapy evaluation on 8-3-09.
- 9-21-09 Notice of disputed issues.
- 1-25-10 MD., performed a right knee diagnostic arthroscopy and total knee arthroplasty.
- 10-11-10, MD., performed a Utilization Review.
- 10-25-10 MD., performed a Utilization Review.

PATIENT CLINICAL HISTORY [SUMMARY]:

On 9-14-06, an EMG/NCS performed by DO., was normal.

Follow up with Dr. on 3-19-07 notes the claimant complains of stabbing and aching pain in the low back. He had a left L3, L4 and L5 medial branch blocks on 11-10-06 which gave him complete relief of his right sided low back pain. The left medial branch blocks did not help and his pain has returned. Assessment: Right L4-L5 and L5-S1 facet

arthropathy with positive medial branch blocks, and sacroiliac joint pain. The evaluator recommended right L3, L4 and L5 RFTC.

Follow up with Dr. on 5-8-07 notes the claimant complains of achy pain in the middle of his low back stabbing in the buttocks, worse on the left. He had a right L3, L4 and L5 medial branch blocks a week ago. He reports 70% relief of pain in the right side of his low back. His pain is now more on the left and is worse with sitting. On exam, strength was normal. Range of motion was full in all planes tested. Palpation shows tenderness left greater than right and the posterior/superior iliac spines. SLR is negative. Sacroiliac joint maneuver is painful on the left. The evaluator recommended a left intraarticular sacroiliac joint injection and consider RFTC on the right if the pain returns.

On 5-30-07, Dr. performed a left sacroiliac joint intraarticular injection.

Follow up with Dr. on 8-21-07 notes the claimant had a right L3, L4 and L5 RFTC two weeks ago and reported his pain is much better.

9-20-07 Letter of medical necessity provided by Dr. for the use of a TENS unit.

On 9-27-07, MD., notes the claimant has low back and buttocks pain. He has bilateral posterior thigh and calf pain as well as left buttock pain that radiates to the posterior thigh. He has undergone right and left medial branch blocks, left side sacroiliac joint injection in May 2007. He reports 90% back and 10% leg pain. The evaluator recommended an MRI of the lumbar spine. He reported that at this time he did not see a surgical correctable cause of his pain.

On 1-16-08, MD., performed a Treating Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 5% impairment rating based on DRE II for the lumbar spine.

Follow up with Dr. on 3-14-08 notes the claimant continues with aching low back pain. The trigger point injections gave him one week of relief. The evaluator felt the claimant had myofascial pain and trigger points, as well as low back pain. Therefore, the evaluator recommended trigger point injections.

Follow up with Dr. on 5-1-08 notes the claimant continues with burning, stabbing and tingling pain in the low back, that occasionally radiates down the left thigh. Lidoderm patches help. The point injections gave him temporary relief. The claimant was provided with prescriptions for Celebrex, Lidoderm and Vicodin.

Follow up with Dr. on 6-5-08 notes the claimant reports aching low back pain with tingling down the thighs. He takes Vicodin and uses Lidoderm patches. On exam, the claimant has tenderness to palpation at the paraspinal muscles and lumbosacral junction. The claimant has decreased flexion. He has normal strength. SLR is negative. The claimant was provided with a prescription for Pamelor.

On 3-30-09, Dr. reports the claimant continues with achy pain across the low back. The pain is worse in the morning with walking. The claimant has gotten worse recently. He is using Vicodin, Pamelor and Lidoderm patches. On exam, sensory is intact. DTR are 2+, SLR is negative. Assessment: Facet arthropathy and low back pain. The evaluator recommended bilateral L4-L5 and L5-S1 facet injections. He was provided with a refill for Vicodin, Pamelor and Lidoderm patches.

Follow up with Dr. on 4-21-09 notes the claimant continues with stabbing low back pain that radiates into the left buttock and medial thigh. The claimant was placed on Ultram.

Follow up with Dr. on 5-5-09 notes the claimant reports stabbing pain in the low back with tingling down the left thigh. He reports Ultram ER works well during the day. He uses Vicodin and Lidoderm at night. The claimant was provided with a refill of medications.

Physical therapy evaluation on 8-3-09.

Follow up with Dr. on 8-20-09 notes the claimant is continued with his medications.

9-21-09 Notice of disputed issues reflect that facet arthropathy is a new finding. This is a degenerative disease of life and not causally related to or an extension of the injury.

On 1-25-10, MD., performed a right knee diagnostic arthroscopy and total knee arthroplasty.

Follow up with Dr. on 5-5-10 notes the claimant is 3 1/2 months post right total knee arthroplasty. The claimant is to continue with physical therapy, the use of ice and NSAIDs.

Follow up with Dr. on 7-6-10 notes the claimant reports he has some soreness on the lateral side of the knee. He has occasional stabbing pain to the medial side of the knee. The claimant is to follow up in two months.

On 9-30-10, DO., reported the claimant complains of left hip pain. On exam, DTR are 2+ in the lower extremity. SLR is asymptomatic bilaterally. Sensory exam is intact. The claimant is tender at the midline at L5 moderately. The claimant has restricted flexion and extension of the lumbar spine. Exam of the sacroiliac joint shows tenderness on the left side which is severe. Fabere test produces pain in the sacroiliac area on the left side. Diagnosis: Lumbar pain, sacroiliitis and facet arthropathy. The evaluator recommended the claimant continue with current medications, no use of NSAIDs one week prior to the injection. The evaluator recommended a sacroiliac joint injection. The claimant's medications include Lidoderm patches, Ultram ER, and Vicodin.

On 10-11-10, MD., performed a Utilization Review. It was her opinion that the current request for sacroiliac joint injection fails to meet ODG criteria. There is insufficient

objective findings consistent with sacroiliac joint dysfunction are documented to meet ODG criteria. In addition, ODG does not recommend performance of repeat sacroiliac joint blocks unless patient received at least 70% relief for at least 6 weeks with previous sacroiliac joint blocks. A previous left sacroiliac joint block was ineffective. Medical necessity is not established for repetition of this previously ailed treatment.

On 10-25-10 MD., performed a Utilization Review. She noted that it appears the claimant had not been seen since 6/09. In July 2009 the claimant complained of pain in the medial right thigh. In 8-30-09, he complained of constant pain into both sacroiliac joints and the left posterior hip. He also had pain in the right buttock and groin with radiation to the medial knee. This claimant was injured x years ago. After a year of no treatment a request of a left sacroiliac joint is made. The claimant has never received surgery for his work injury. The claimant had a sacroiliac joint injection in the past that gave no effect. The evaluator could not find evidence that the claimant has undergone conservative treatment including a home exercise program for his new onset complaint. The request is denied as per the ODG due to lack of response to previous treatment.

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, OFFICIAL DISABILITY GUIDELINES WOULD NOT SUPPORT A MEDICAL NECESSITY FOR TREATMENT IN THE FORM OF SACRO ILIAC JOINT INJECTIONS FOR THE FOLLOWING REASONS: 1. THERE WAS DOCUMENTATION OF A PAST POSITIVE RESPONSE TO TREATMENT IN THE FORM OF LUMBAR FACET INJECTIONS, 2. THERE WAS DOCUMENTATION OF LUMBAR RADICULAR SYMPTOMS, AND 3. IT IS DOCUMENTED THAT THERE WAS NOT A SIGNIFICANTLY POSITIVE RESPONSE TO PREVIOUS TREATMENT IN THE FORM OF AN ATTEMPT AT A SACRO ILIAC JOINT INJECTION. CONSEQUENTLY, IN THIS PARTICULAR CASE, PER CRITERIA SET FORTH BY THE ABOVE NOTED REFERENCE, MEDICAL NECESSITY FOR THIS SPECIFIC REQUEST IS NOT ESTABLISHED. THE ABOVE NOTED REFERENCE WOULD NOT SUPPORT MEDICAL NECESSITY WHEN THERE WAS NOT A POSITIVE RESPONSE TO TREATMENT IN THE FORM OF A SACRO ILIAC JOINT INJECTION IN THE PAST AND WHEN THERE ARE DOCUMENTED RADICULAR SYMPTOMS.

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.

ODG-TWC, last update 11-12-10 Occupational Disorders of the Low Back – sacroiliac joint injection: Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy.

ODG-TWC, last update 11-12-10 Occupational Disorders of the Hip and Pelvis – sacroiliac joint injection: Not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Intraarticular glucocorticoid injection with or without elimination of weight-bearing does not reduce the need for total hip arthroplasty in patients with rapidly destructive hip osteoarthritis. (Villoutreix, 2005) A survey of expert opinions showed that substantial numbers of surgeons felt that IASHI was not therapeutically helpful, may accelerate arthritis progression or may cause increased infectious complications after subsequent total hip arthroplasty. (Kasper, 2005) Historically, using steroids to treat hip OA did not seem to work very well, at least not as well as in the knee. However, the hip joint is one of the most difficult joints in the body to inject accurately, and entry of the therapeutic agent into the synovial space cannot be ensured without fluoroscopic guidance. Fluoroscopically guided steroid injection may be effective. (Lambert, 2007)

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)