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Notice of Independent Review Decision

DATE OF REVIEW: January 5, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left sacroiliac joint injection

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

American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (06/29/09 - 11/13/09)
- Diagnostics (04/16/09 - 10/15/09)
- Procedure notes (08/07/09 - 11/06/09)
- Utilization reviews (11/25/09 – 12/17/09)

TDI

- Utilization reviews (11/25/09 – 12/17/09)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who fell while standing on a chair pulling down some objects on xx/xx/xx. She fell back striking her left upper extremity on a display board and landed on her back.

Following the injury, the patient was evaluated at Memorial Hermann emergency room (ER) for low back pain. X-rays of the lumbar spine revealed degenerative disc disease (DDD) with endplate osteophytes at L2-L3, osteophytes predominately seen anteriorly and along the right side and aortic calcifications. Subsequently, Dr. McGarry evaluated her for left upper extremity and obtained x-

rays. Dr. treated her with physical therapy (PT) and obtained magnetic resonance imaging of the lumbar spine that revealed some protrusion at L2 and L3. MRI of the cervical spine revealed protrusions at C4-C5, C5-C6, and C6-C7.

In June, , M.D., an orthopedic surgeon, saw her for complaints of pain in the cervical and lumbar spine and left upper extremity, tingling and numbness down the left leg towards the foot, and some bruising around the posterior aspect of the left arm. Examination revealed some tenderness in the mid to lower left lumbar region posteriorly, markedly diminished lumbar range of motion (ROM) mostly due to pain, diminished sensation along the left thigh and anterior knee region, and positive femoral stretch bilaterally. Examination of the cervical region revealed some tenderness in the posterior aspect of the neck, decreased ROM, pain on flexion and extension, and positive compression test. There was some tenderness in the posterior region of the left forearm with bruising and swelling. Dr. Berliner diagnosed herniated nucleus pulposus (HNP) at L2-L3 with L3 radiculopathy, cervical strain, left forearm contusion, and protrusion at C4-C5, C5-C6, and C6-C7. In August, he performed lumbar epidural steroid injection (ESI) and lysis of adhesions that gave 70% relief from pain, numbness, and tingling in the lower extremities. Dr. Berliner recommended post injection PT and medications as prescribed by Dr. Mayorga.

In October, the patient reported cervical pain rated as 4/10, some weakness in the left upper extremity, lumbar pain rated as 4/10 with some radiating pain into her left lower extremity, and occasional numbness and tingling down her left leg. Examination of the cervical spine revealed decreased ROM limited by pain, and positive axial compression. Examination of the lumbar spine revealed decreased ROM limited by pain, positive straight leg raising (SLR) test on the left and decreased sensation in the anterior thigh of the left leg. Electromyography/nerve conduction velocity (EMG/NCV) study of the upper and lower extremities was unremarkable. On November 6, 2009, Dr. Berliner performed the second lumbar ESI and lysis of adhesions.

On November 13, 2009, Dr. noted left-sided low back pain and intermittent neck pain. Examination revealed tenderness over the left sacroiliac (SI) joint and positive left FABER, flamingo, and finger tests. Dr. diagnosed left SI strain and recommended left SI joint injection. He noted that the patient had undergone a designated doctor evaluation (DDE) on September 26, 2009, and was placed at maximum medical improvement (MMI) prior to the lumbar ESI. Dr. stated the patient was not at MMI since material recovery was anticipated from a left SI injection. He stated symptoms from the protrusion at L2-L3 seemed to have resolved, but the patient still had left-sided SI pain which would not be expected to resolve with lumbar ESIs.

Per utilization review dated November 25, 2009, M.D., denied the request for the left SI joint injection with the following rationale: *This request did not specify if SI joint injection would be under fluoroscopy and if this was this would be the first injection. This reviewer was unable to reach the peer.*

Per utilization review dated December 17, 2009, M.D., denied the appeal for the left SI joint injection with the following rationale: *I find no documentation of any of the provocative tests of sacroiliac dysfunction. I made two reasonable attempts to contact the provider for additional information concerning the diagnosis of*

sacroiliac dysfunction. As of the time that this review was submitted, I have received no call back. In the absence of such additional information, the medical necessity for this procedure, sacroiliac injection, cannot be considered to have been established.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. PRIOR DENIALS REPORTED THERE WAS NO DOCUMENTATION OF PROVOCATIVE TESTS OF SACROILIAC DYSFUNCTION WHEN INDEED THERE WERE INCLUDING A POSITIVE FLAMINGO, FORTIN FINGER AND FABERE'S TESTS. THERE IS NO EVIDENCE IN THE RECORDS OF A PRIOR SI INJECTION AND GIVEN THE POSITIVE FINDINGS CONSISTENT WITH SI JOINT DYSFUNCTION THE INJECTION REQUESTED IS WITHIN TREATMENT GUIDELINES INCLUDING ODG.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES