

SENT VIA EMAIL OR FAX ON  
Dec/15/2009

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/10/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right Sacro Iliac Joint Injection with Anesthesia

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 11/16/09 and 11/30/09

Dr. 8/10/09 thru 12/9/09

MRI 5/22/09

A-Medical Advantage 4/14/09 thru 11/10/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a woman with chronic complaints including low back pain since a MVA in xx/xx/xx. She apparently only recently was treated by the A Medical Group. Her prior treatments are unknown. She had an MRI this summer that showed disc narrowing and osteophytes at L2/3 and an annular tear at L4/5 with protrusion. She had an L4/5 ESI on 9/09 with 50% relief of her back and lower extremity pain for about 2 months. She continues with buttock pain. There are positive FABER signs, SLR, and facet and SI tenderness. An SI injection was requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The ODG discusses SI injections in the back and in the hip/pelvis sections. They advise consideration if conservative treatment is not effective after 4-6 weeks. The treatment descriptions with NSAIDS, ice, etc are more appropriate for an acute rather than chronic

injury. The Reviewer does not have the full history, but she has been under treatment for 16 years. There did not appear to be any therapy provided after the ESI this past September. The ODG repeats the other reviews of the lack of documentation of effectiveness of SI injections. This does not mean they are not effective, but rather there are not enough studies to make a determination of their value. The key issues, though, in the OGD is the diagnosis requirements and the exclusion of alternative diagnoses. The latter would include facet pain and dysfunction. This is compounded by the ODG not necessarily approving facet injections without meeting other requirements. My concern is that the ODG requires 3 positive findings. Only the FABER/Patrick was performed and was positive. One positive finding does not meet the ODG criteria for the SI injection. If 2 of the other 14 are positive, then the injection can be approved. Until this is accomplished on a physical exam, the Reviewer cannot justify the procedure, although the Reviewer agrees from the material reviewed that the SI joint is probably the pain generator.

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

ACOEM-AMERICA 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)