

SENT VIA EMAIL OR FAX ON  
Mar/03/2010

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/25/2010

**IRO CASE #:**

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

Bilateral Sacroiliac Joint Injection

**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 1/11/10 and 12/23/09  
Dr. 3/6/07 thru 3/5/08  
Pain Therapeutics 6/1/07 thru 2/19/10  
Radiology Reports Dates Unreadable

**PATIENT CLINICAL HISTORY SUMMARY**

This is a man who has had neck and low back pain. He apparently was felt to have SI pain in 7/07. The note written nearly 2 years later, 10/6/09 described 8 months of some relief with an SI injection. Dr. repeated this on 11/4/09. The subsequent note on 12/18/09 described 50% improvement. The next note (1/11/10) noted the request for a third SI injection. The request forms cited Sacroiliitis in one point and Ankylosing Spondylitis on another.

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

The reviewer is unclear of the original injury in xxxx. As the ODG notes, the diagnosis of SI pain is a difficult one. The ODG requires specific tests be provided for the diagnosis. Further the ODG notes "discordance has been noted between two consecutive blocks (questioning validity)." This contributes to the high incidence of false positive effects. As cited, the American Pain Society has questions of the value of the SI injections. The ODG requires that the history of the injury support the diagnosis of SI injury. That was not provided. Further, 3

positive physical findings must be documented. These were also not provided. Another requirement is an 80% improvement with a diagnostic block. This was only 50% per the report. A therapeutic injection (kenalog was used in 11/09) would require at least 70% relief for 6 weeks. This criterion was also not met. Since the multiple criteria were not met, the reviewer's medical assessment is the request is not medically necessary.

**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)