

SENT VIA EMAIL OR FAX ON  
Apr/20/2010

## Independent Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (817) 549-0311  
Email: rm@independentresolutions.com

### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/20/2010

**IRO CASE #:**

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

Right Sacroliac Joint Injection

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

Medical physician with board certification in Physical Medicine and Rehabilitation with expertise in pain management, wound management and geriatrics.

**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 2/19/10 and 3/28/10

Spinal Rehab 12/17/09 thru 3/5/10

**PATIENT CLINICAL HISTORY SUMMARY**

This patient is xx and xxxx has employed her for xx years. She reported an injury xx/xx/xx. She was lifting a 75-pound computer and almost dropped it. She caught it and hurt her lower back. She has benefitted from chiropractic, massage and PT. She is doing a home exercise program. She is 245 pounds. She has had increasing difficulty sleeping and has had to work from home the last two weeks (note from 12/17/2009). She has tenderness in hips in IR and ER. She has positive right Patrick Fabere's test and positive right compression test. Ultram and Zanaflex had not been enough benefit for her.

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

The patient does have evidence of pain in the SI joint. The SI joint has a layer of cartilage overlying the bone. This cartilage allows for some movement and acts as a shock absorber between the bones. If the cartilage wears away, the bones rub on each other. Degenerative changes are the most common cause of SI joint dysfunction. Degeneration is a normal

progressive condition of life. The abnormally excessive forces applied on the SI joint due to the patient's weight exacerbate it in this case. An SI joint injection can provide information that the SI joint is involved. However the examination has shown that the SI joint is likely the source of pain. The SI injection will only allow reduction in the pain for a short time. There are more definitive solutions to the pain. The patient is performing a HEP but it is not clear that she has the appropriate exercises. There is no documentation of what she is performing or that weight loss is being emphasized. In a degenerative condition pain will come and go. Therefore, 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)