

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Injection Procedure for Sacroiliac Joint, Provision of Anesthetic, Steroid and/or Other Therapeutic Agent with/without Arthrography

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

ODG Guidelines
Adverse Determination Letters, 3/2/10, 3/16/10
M.D., P.A. 6/23/09, 7/17/09, 9/1/09
Medical Center 7/14/09
Imaging and Diagnostic Center 3/16/06
Spinal Rehabilitation Associates 2/24/10
Spinal Rehabilitation Center 1/26/10, 1/21/10

PATIENT CLINICAL HISTORY SUMMARY

Per the note dated xx/xx/xx, the patient complains of "sacroiliitis." The patient's pain began after being injured on x/xx/xx. There is no description of where the patient complains of pain specifically (i.e. left lower back, bilateral lower back, etc). The physical exam is significant for a positive Patrick's sign and cranial shear test bilaterally. The patient has been involved in a work hardening program. He still requires opioids for pain relief.

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

Per the Official Disability Guidelines, "the history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed" in the ODG)." The history provided in this case is not detailed enough to decide if a SIJ injection is appropriate. In addition, the physical exam is only positive for 2 findings considered appropriate per the ODG. The ODG requires at least 3 physical exam findings that are consistent with SIJ mediated pain. For these reasons, the reviewer finds that at this time medical necessity does not exist for Bilateral Injection Procedure for Sacroiliac Joint, Provision of Anesthetic, Steroid and/or Other Therapeutic Agent with/without Arthrography,

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)