

Cover Sheet

This Amendment is for TDI case

Amendment is the addition of the IRO (Dyll Review) Letterhead.

All parties except TDI received copies of the decision with letterhead.
TDI receiving amended copy.

Notice of Independent Review Decision

November 16, 2010

November 19, 2010 Amended Decision Date

DATE OF REVIEW: 11/15/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral SI Joint Injection under fluoroscopy with IV sedation

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

The physician performing this review is Board Certified, American Board of Anesthesiology with a specialty in Pain Management and Diplomate, National Board of Examiners. He is currently an Attending Pain Management Specialist at a University Hospital. He is a Member of the American Society of Anesthesiologists, Society for Education on Anesthesia, and International Anesthesia Research Society.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

As the patient has had 70% pain relief and it is now greater than 2 months a repeat SI injection can be done and this is appropriate and medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Record received: 18 page fax 11/5/10 Texas Department of Insurance IRO request, 10 page fax 11/5/10 Provider information including administrative and medical records, 14 page fax 11/9/10 URA Response to disputed services with administrative and medical records, 29 page fax 11/10/10 URA Response to disputed services with administrative and medical records

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient with history of low back pain. The patient has a diagnosis of chronic low back pain and S.I joint pain. According to the medical notes the patient has low back pain with sacroiliac pain. On physical exam there is tenderness in the low back and S.I joints bilaterally left greater than right. There is also decrease range of motion. Motor and sensory are normal. The patient had 2 SI joint injections one on 08-03-10 and the last one on 09-07-10 with 70% pain relief.

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

Official disability guidelines state the following "Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH).

Criteria for the use of sacroiliac blocks:

In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.

As the patient has had 70% pain relief and it is now greater than 2 months a repeat SI injection can be done and this should be certified.

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

- ACOEM- AMERICAN 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** Official Disability Guidelines (ODG), Treatment Index, 6th Edition (web), 2008, hip chapter-Criteria for the use of sacroiliac blocks
- 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)**

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