

SENT VIA EMAIL OR FAX ON
Sep/08/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SI Joint Rhizotomy

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

Board Certified Orthopedic Surgeon

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

Lumbar x-ray reports 01/24/07, 03/08/07

MRI report 02/22/07

Bone scan report 03/29/07

Dr. procedure reports 03/14/08, 10/24/08, 12/26/08, 03/09/10

Dr. office notes 12/11/08, 06/07/10

Dr. office note 01/09/09

Dr. office note 08/28/09

Dr. office notes 02/22/10, 03/22/10, 05/17/10

Peer review reports 06/21/10, 07/20/10, 07/29/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a reported work injury on xx/xx/xx when he was lifting a server and felt a pop in his left low back. He has a history of L5-S1 fusion in 1997. On 03/14/08 Dr. performed bilateral L3, L4, L5 medial branch blocks for presumed lumbar facet dysfunction. On 10/24/08 Dr. performed a left sacroiliac joint injection for a diagnosis of left sacroiliac joint dysfunction. Pain was reduced to 2-3/10 from 8-9/10 following the injection and the relief lasted for approximately three weeks. On exam the claimant was uncomfortable with palpation over the left sacroiliac joint. He had very positive Fabere 4 testing on the left. A confirmatory left sacroiliac joint injection was performed on 12/26/08 with 80-85% relief for the first week.

The claimant was seen on 08/28/09 by Dr. for a flare up of back pain. Chiropractic treatment was ordered and Lodine and Ultracet were prescribed. On 02/22/10 the claimant followed up with Dr. for complaints of left buttock and left leg numbness. The claimant reported that following the previous sacroiliac joint injection he was doing fine for about 10 months. On

exam the claimant had a positive finger Fortin test on the left side. Fabere 4 testing was positive on the left and Yoeman's test was positive on the left. The diagnosis was recurring left sacroiliac joint dysfunction with a history of L5-S1 fusion. A left sacroiliac joint block was given on 03/09/10.

On 05/17/10 Dr. noted that the claimant was temporarily improved following the injection. The claimant was referred to Dr. for consideration of a left sacroiliac joint rhizotomy. On 06/07/10 Dr. saw the claimant for left sided sacroiliac joint pain. The diagnosis was sacroiliitis. A left sacroiliac joint rhizotomy has been requested.

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

The proposed SI joint rhizotomy is not medically necessary and appropriate based on review of the record provided in this case. If one looks toward the ODG Guidelines, sacroiliac joint radiofrequency neurotomy is not recommended at all. The use of this technique has been questioned due to the fact the denervation of the SI joint remains unclear. There is limited evidence in literature to support this procedure. The recent studies demonstrate limited benefits from this procedure lasting no longer than one to two months. As sacroiliac joint radiofrequency neurotomy is not recommended by the ODG Guidelines and the request is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Hip: Sacroiliac joint radiofrequency neurotomy

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES