

Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L5 through SC DPR RFTC to denervate right SI joint

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

Official Disability Guidelines
Insurance 1/4/11, 2/3/11
Clinic 6/5/08 to 3/10/11

PATIENT CLINICAL HISTORY SUMMARY

Per the 12/28/10 OV note, the patient complains of back pain. The patient requests "the procedure that (was performed) previously on her for her lower back pain over the sacroiliac area." This was noted to be a "radiofrequency ablation" performed in July of 2008. The exact location of the patient's pain is not described. Physical exam is significant for a "positive fabere test over both SI joints with moderate tenderness over those joints...with direct palpation." The recommended plan was for a "repeat radiofrequency ablation of the bilateral sacroiliac joints."

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

Per the ODG, sacroiliac joint radiofrequency neurotomy is not recommended. In addition, there is not enough evidence to tell if the patient is currently suffering from sacroiliac joint pain. To consider SIJ as a cause of pain, "The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings...)." Only 1 finding recognized by the ODG is documented. In addition, there is an inadequate description of the patient's pain to fully understand if a diagnosis of SIJ pain is accurate. The reviewer finds no medical necessity at this time for Right L5 through SC DPR RFTC to denervate right SI joint.

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)