

# US Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/22/2011

**IRO CASE #:**

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

Left SI Joint Injection with IV Sedation

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

MD, Board Certified Anesthesiologist

**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, Low Back Chapter

Progress notes dated 11/10/10-01/14/11

Rehab Plan of Care, initial treatment, and progress notes dated 12/10/10-12/14/10

MRI lumbar spine without contrast dated 01/05/11

Consultation Dr. dated 01/24/11

Letter Dr. dated 02/22/11 and 05/18/11

Operative report and radiography note left sacroiliac joint block #1 dated 03/04/11

Script orders 05/18/11

05/26/11

06/28/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who sustained a lifting injury to the low back on xx/xx/xx. He was lifting a 100-150 pound fuel line when he felt pain in the left lower back and buttock, which became progressively worse. MRI of the lumbar spine performed on 01/05/11 revealed a minimal anterolisthesis at L4-5, which appears stable. There was evidence of facet disease at that level with hypertrophic facets bilaterally. There are degenerative changes throughout the lumbar spine with disc desiccation and spondylitic changes most severe at T12-L1 and L1-2. Small broad based posterior disc bulges were noted throughout the lumbar spine but no evidence of focal neural compression centrally or in the foramina. On physical examination the injured employee is 5'10" tall and 172 pounds. He rises easily from seated to standing position without any difficulty. He can heel and toe walk without difficulty. Gait is normal. Range of motion of the lumbar spine revealed extension only to 15 degrees and flexion only down to 45 degrees before further motion exacerbates pain. He has greater pain with left lateral bending than right. There is some focalized tenderness to palpation over the left SI joint and left paraspinals. Manual motor testing of the bilateral lower

extremities revealed 5/5 strength throughout. Sensation is intact in the bilateral L1 to S1 without any deficits. Reflexes are 2+ and symmetric in the bilateral knees and ankles. Faber four testing on the left is positive for pain in the left SI joint. There also is pain with compression and grind of the left SI. The injured employee underwent a left sacroiliac joint block on 03/04/11.

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

Based on the data presented, medical necessity is not established for left SI joint injection with IV sedation. The injured employee sustained a lifting injury to the low back on xx/xx/xx. He was diagnosed with sacroiliac joint pain on the left and an initial SI joint injection was performed on 03/04/11. There was no subsequent assessment of the response to this injection. Official Disability Guidelines indicate a positive diagnostic response is recorded as 80% for the duration of the local anesthetic and if the first block is not positive the second diagnostic block is not performed. If steroids are injected during the initial injection, then duration of pain relief should be at least six weeks with at least greater than 70% pain relief recorded for this period. There is no documentation that the injured employee had appropriate diagnostic response to this initial injection to support the need for repeat SI joint injection. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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)**