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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral SI Injection under fluoroscopy x2 with IV sedation

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

MD, Board Certified in Anesthesiology/Pain Management

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

Utilization review determination dated 09/20/11, 10/07/11

Letter dated 11/09/11

MRI lumbar spine dated 02/17/11

Radiographic report dated 01/14/11

Designated doctor evaluation dated 08/01/11

Functional capacity evaluation dated 07/29/11

Handwritten note dated 01/27/11, 01/31/11, 02/22/11, 03/09/11, 03/11/11, 03/14/11, 03/16/11, 03/23/11, 03/24/11, 03/30/11, 04/01/11, 04/06/11, 04/11/11, 04/14/11, 05/02/11, 05/19/11, 06/16/11, 07/19/11

Procedure note dated 06/27/11

Office visit note dated 05/25/11, 07/06/11, 07/25/11, 09/06/11, 10/26/11, 10/10/11, 09/26/11

Laboratory report dated 09/06/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He was to go across the back of a truck when the ratchet mechanism broke causing him to lurch forward under significant pressure and he felt a pop and pain in his back. MRI of the lumbar spine dated 02/17/11 revealed lordosis straightening suggests muscular pain or spasm. At L5-S1 there is a left paracentral annular tear and 3-4 mm discal substance protrusion/herniation; substance minimally indents the thecal sac. Treatment to date includes physical therapy and medication management. The patient underwent lumbar epidural steroid injection on 06/27/11. Follow up note dated

07/06/11 indicates that the injection did not help him. Functional capacity evaluation dated 07/29/11 indicates that required PDL is up to very heavy and current PDL is sedentary. Designated doctor evaluation dated 08/01/11 indicates that the patient sustained a lumbar strain on the date of injury. His presentation is not significant for SI joint pain/injury as an explanation for his continued somatization. The patient appears to have psychobehavioral and motivational issues confounding his recovery and his return to work. Waddell's testing identified inconsistency with both the clinical examination and at the functional capacity evaluation. The patient was determined to have reached MMI as of 07/29/11 with 0% whole person impairment.

There is no objective verifiable evidence that the patient, should he have been so motivated, could not have returned to work on or before 06/01/11. Physical examination on 09/06/11 notes the patient walks with an antalgic limp and gait. There is increased paraspinal muscle tone with trigger point tenderness. He had exquisite tenderness over the SI joints bilaterally. Patrick's test is positive on the left. He had a mild positive straight leg raise on the left at 70 degrees with mild decreased pinprick sensation at L5-S1. Follow up note dated 09/26/11 states that the patient has a positive pelvic compression test.

Initial request for bilateral SI injection was non-certified on 09/20/11 noting that treatment has included medication management and physical therapy. There is no documentation of at least 2 additional positive exam findings. The denial was upheld on appeal on 10/07/11 noting that the physical examination lacks another positive pain provocation test to validate the presence of SI joint dysfunction (as the cited guidelines advocate the presence of three positive tests). There were no serial physical therapy progress notes to validate the failure of the physical rehabilitation treatments as part of conservative measures.

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

The Official Disability Guidelines require 3 positive exam findings on physical examination to support a diagnosis of SI joint dysfunction. The submitted records document only two positive findings—Patrick's test and pelvic compression test. The patient was determined to have reached maximum medical improvement by a designated doctor as of 07/29/11 with 0% whole person impairment. The designated doctor reports that his presentation is not significant for SI joint pain/injury as an explanation for his continued somatization. The patient appears to have psychobehavioral and motivational issues confounding his recovery and his return to work. Waddell's testing identified inconsistency with both the clinical examination and at the functional capacity evaluation. The reviewer finds no medical necessity for Bilateral SI Injection under fluoroscopy x2 with IV sedation.

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)