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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12-2-2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a right SI joint injection.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the right SI joint injection.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records, this worker was injured on xx/xx/xx. He was reaching into a truck when he slipped off of a step falling onto his bottom. He experienced pain in the mid line in the lumbar and lumbosacral regions. On the day following injury, he was evaluated at P.A. Mr. noted that the injured worker had pain in the lumbar and lumbosacral regions which was increased by twisting and flexing. Strength, sensation, and reflexes were said to be intact. Straight leg raising was negative. The assessment revealed evidence of "contusion of the lumbar region." Physical therapy, Flexeril, Lodine, Tramadol, Biofreeze, an ice pack and

activity limitation were recommended. The injured worker began a physical therapy program and according to Mr. was "slowly improving" on August 3, 2010.

On August 10, 2010, D.O. stated that the worker was doing better with physical therapy but the pain had returned the preceding night while he was sitting watching TV. Dr. recommended continuing physical therapy.

On August 20, 2010, an MRI of the lumbosacral spine was performed and said to be "almost nondiagnostic due to the patient's size." Posterior disk bulges at L4-5 and L5-1 were described without overt neural compression. There was said to be hypertrophic degenerative facet changes at L4-5 and L5-S1.

On September 14, 2010, the injured worker was evaluated by M.D. at the Spine and Neurosurgery Center. The injured worker was complaining of lower back pain radiating to the left hip. A repeat MRI in a closed scanner was recommended.

On November 18, 2010, the injured worker was seen by M.D. who gave the opinion that the injured worker was not at MMI.

On November 24, 2010, repeat MRI of the lumbar spine was performed. This was said to show spondylitic changes of the lumbar spine with mild narrowing at L4-5 and mild foraminal narrowing at L4-5 and L5-S1.

On December 1, 2010, M.D. evaluated the worker and noted that he was complaining of lower back pain radiating to the left hip. He noted irritability, nervousness, sleep problems, and depression. His assessment was that the injured worker had had a lumbar strain or sprain. He recommended Mobic, Ultram, and a psychological evaluation.

On December 7, 2010, Dr. requested further physical therapy, epidural steroid injections, and a lumbar support brace. The epidural steroid injection and brace were denied by the insurance carrier.

The injured worker underwent physical therapy in January, 2011. On January 13, 2011, MS, LPC, performed a Behavioral Medicine Consultation and recommended psychotherapy for six weeks.

On February 22, 2011, Dr. reported that the injured worker had failed his trial of physical therapy. He stated that his suggestion for conservative treatment was largely denied and recommended that the injured worker return to his "Worker's Compensation doctor."

On March 8, 2011, an impairment examination was performed by D.C. Dr. gave the opinion that the injured worker was not at maximum medical improvement. Approval for lumbar epidural steroid injections was received on March 30, 2011.

On April 5, 2011, the injured worker began psychotherapy sessions with , MS, LPC.

On April 27, 2011, Dr. re-evaluated the injured worker and stated that he was having lower back pain radiating to the left hip with associated lower back spasms. He stated that the injured worker probably had a left lumbar radiculopathy. He recommended EMG and nerve conduction studies and MRI studies.

On May 5, 2011, Dr. re-evaluated the injured worker and stated that epidural steroids did not improve the symptoms and that conservative therapy had not produced any improvement in symptoms. He stated that the injured worker would like a surgical treatment program. L4-5 decompression, laminectomy, and fusion were apparently recommended and denied on May 23, 2011. On June 14, 2011, Dr. stated that Worker's Compensation had refused all treatment and stated that he had nothing further to offer.

On July 18, 2011, an EMG was performed by M.D. This showed no evidence of radiculopathy.

On August 8, 2011, the injured worker was evaluated by M.D. Dr. gave the opinion that the injured worker was not a surgical candidate, but could benefit from continued epidural steroid therapy and a chronic pain management program if symptomatology did not improve.

On September 6, 2011, D.O. evaluated the injured worker at Pain Care. The injury was noted. Dr. stated that the injured worker was complaining of lower back pain radiating to the left hip. He noted that physical therapy and epidural steroids had no effect. His impression was that the injured worker had lower back pain, lumbar spondylosis, sacroiliitis on the left, a lumbar disk disorder, and a chronic pain syndrome. He recommended starting Tizanidine and a left sacroiliac joint injection.

On September 13, 2011, a request was submitted for right sacroiliac joint injections. This was denied on September 16, 2011. The same request for a right sacroiliac joint injection was again denied on October 10, 2011.

On September 27, 2011, R.N., under the supervision of D.O. reported that the injured worker had tenderness at the L4-5 level and left sacroiliac joint region. She stated that forward flexion could be accomplished to only 30°. She stated the deep tendon reflexes, strength, and sensation were intact and straight leg raising was negative. Her plan was to order a left sacroiliac joint injection.

On October 5, 2011, Dr. evaluated the injured worker and stated that he was still having significant lower back pain radiating to the hips. He recommended consideration of a work hardening program.

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

Recommend denial of the requested service of a right sacroiliac joint injection. This worker injured his lower back in a work related accident on xx/xx/xx. He had extensive conservative therapy including physical therapy, lumbar epidural steroid injections, psychological counseling, and multiple medications. His discomfort continued unabated throughout the length of this medical record. He was seen by a pain specialist on September 6, 2011 and for the first time, sacroiliitis was diagnosed. The sacroiliitis, however, was diagnosed on the left side and not the right side. There is no indication in this medical record that the injured worker had symptoms of right sacroiliitis. The chart indicates that the lower back pain radiated over to the left hip and not the right hip. In the medical record, there is no indication that any of the provocative tests for sacroiliitis were performed. ODG Treatment Guidelines state that the history and physical should suggest the diagnosis of sacroiliac joint pathology with documentation of at least three positive exam findings on provocative tests as described in the ODG Treatment Guidelines. None of these appear in the medical record that was presented for review. Because there is no documentation in the medical record that this patient has right sacroiliitis, there is no prospective medical necessity of a right sacroiliac joint injection.

**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
- 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)