



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 2/2/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a right sacroiliac joint injection with sedation (27096, 77003, 99144).

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. The 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 prospective medical necessity of a right sacroiliac joint injection with sedation (27096, 77003, 99144).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Back Institute and Healthcare

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Back Institute: SI joint injection script – 12/21/10, Patient info/Patient profile – 12/22/10, Follow-up notes – 11/1/01-12/21/10, Electrodiagnostic Study report – 3/23/09, WC History and Physical – 6/9/00, Radiology Reports – 4/27/00 & 6/9/00, History and Physical Report – 4/27/00; MD letter – 8/7/00; Center Radiology Report – 2/24/09, MD Operative Reports – 5/12/09 & 11/12/10, and Radiograph notes – 5/12/09 & 11/12/10.

Records reviewed from Healthcare: Denial Letters – 12/28/10 & 1/14/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured worker fell approximately ten feet at work injuring his neck and lower back on xx/xx/xx. He had chiropractic care with some relief of symptoms. He was seen and evaluated by M.D. on April 27, 2000. At that time, Dr. noted lower back pain with prolonged sitting and activity, several episodes of pain radiating to the right buttock and lower extremity associated with a tingling sensation, but no tenderness over the sacroiliac joints. X-rays of the lumbar spine were said to show minimal narrowing at the L4-5 and L5-S1 levels and normal SI joints. MRI studies of the lumbar spine showed degenerative disk disease at L4-5 and L5-S1 with a bulging disk as L5-S1 without evidence of neural impingement. Dr. diagnosed mechanical low back pain related to degenerative disk disease and chronic lumbar strain. He recommended treatment with nonsteroidal anti-inflammatory drugs and physical therapy for spine stabilization, range of motion, and strengthening exercises. He also recommended a Cybertech brace for support.

On June 9, 2000, Mr. began treatment with M.D. Dr. noted the findings as described by Dr.. Dr. described numbness, especially along the posterior aspect of the right lower extremity with sitting. He noted that the injured worker had been doing well until the Thursday prior to this evaluation when he pulled something out in his lower back. Dr. described tenderness over the sacrum, pain in the back which was worse with extension than flexion, and diagnosed sacroiliac joint dysfunction superimposed on mechanical lower back pain. He recommended diagnostic and therapeutic sacroiliac joint injections, Celebrex, Skelaxin, Ultram, and physical therapy.

On August 31, 2000, sacroiliac joints were performed. According to Dr. note of September 20, 2000, the injured worker had had immediate relief of pain lasting briefly and then a steroid effect coming on about four days post injection. The injured worker was using less medication and walking better.

On October 15, 2000, Dr. noted that the sacroiliac joint injection had given six weeks of relief and he recommended Prolo therapy in order to obtain a more prolonged effect. Apparently, the Prolo therapy was never approved.

On February 5, 2009, Dr. noted that the injured worker had last been seen in 2005. He stated that the injured worker “has the same problem as before.” He stated that the injured worker had not been back for further medical evaluation and care because the carrier had denied everything and “he didn’t see the point.” Dr. described continued back and left lower extremity discomfort and recommended an MRI of the lumbar spine. The MRI performed on February 24,

2009 showed four-level disk degenerative disease with protrusion at L5-S1 with left neural foraminal narrowing. Epidural steroid injections were recommended.

On March 23, 2009, EMG studies were said to be consistent with a left S1 radiculopathy. A caudal epidural steroid injection was performed on May 12, 2009 showing excellent relief in the reported symptoms.

On October 21, 2010, Dr. noted that the injured worker had had virtually no pain for about a year. The pain, however, gradually began recurring and had been prominent for the two to three months prior to this evaluation. Dr. said that the pain was "the same pain as before", greater on the right than the left. He requested repeat epidural steroid injections and these were performed on November 12, 2010.

The most recent note from Dr. is dated December 21, 2010. He stated that epidural steroid injections had helped with the left leg pain, but the injured worker was complaining of "stabbing" pain in the right lower back which did not improve with the epidural steroid injection. The pain was said to be "unpredictable" and Dr. noted that when the pain was present, it "incapacitated" the injured worker. Dr. noted tenderness at the right sacroiliac joint, increased pain with extension, negative facet loading, negative sitting root test, negative Lasegue, negative CRAM, positive Patrick's test on the right, positive Yoman's maneuver, and a less remarkable Gaenslen's test. He stated that these symptoms were consistent with recurrent sacroiliac joint dysfunction and recommended sacroiliac joint injection for diagnostic and therapeutic purposes.

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

This injured worker has a long history of back problems dating back to the point of his injury on xx/xx/xx. He had evidence of right sacroiliac joint dysfunction which was treated conservatively and ultimately with sacroiliac joint injection with relief of symptoms lasting six weeks following the injection. Prolo therapy was requested, but denied.

The injured worker was able to function for many years, but sought medical attention in early 2009 for low back pain syndrome with radiculopathy. This responded to caudal epidural steroid injections and, according to available medical records, the injured worker did well until he was seen for re-evaluation on October 21, 2010. At that time, he was having lower back pain which was greater on the right than the left. Epidural steroid injections were performed and helped with the symptoms, but did not resolve the right lower back pain.

Dr. evaluated the injured worker on December 21, 2010 and had multiple findings consistent with recurrent right sacroiliac joint dysfunction. The medical record in October indicated that the injured worker had been taking ibuprofen, but there is

no other indication of conservative care. There is no indication that the individual was performing a home exercise routine or had had active physical therapy or medications other than the ibuprofen.

The injured worker had evidence of lumbar degenerative disk disease with radiculopathy as well as the sacroiliac joint dysfunction. He had epidural steroid injections which improved the radicular symptoms, but did not affect the sacroiliac joint dysfunction. ODG Guidelines clearly state that criteria for use of sacroiliac blocks include the patient having had and failed at least four to six weeks of aggressive conservative therapy including physical therapy, home exercise, and medication management. There is no indication that this injured worker has received physical therapy, performed home exercises, or taken medications other than ibuprofen since the onset of the recurrence of his sacroiliac joint dysfunction. Therefore, criteria for the use of sacroiliac blocks are not met and the requested treatment is not medically necessary.

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)**