

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt ASC SI Joint Injection 27096 G0260

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

M.D., Board Certified Orthopedic Surgeon

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

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year-old male claimant. The claimant reportedly has a history of low back pain and status post lumbar posterior fusion. The diagnosis is of lumbago, lumbar radiculopathy, sacroiliitis and bilateral epi sacral lipomas. Physician records of 2006 noted the claimant with increased low back pain, left sacral pain and some numbness of the legs. X-rays demonstrated hardware to be in excellent location with complete fusion and calcification along the lateral gutters. Generalized osteopenia was noted. Left sacroiliac joint injections were performed with reported nearly complete relief of symptoms. Increased left sided lumbar pain and bilateral lumbar sacral pain was noted in 2007. Bilateral sacroiliitis was diagnosed and bilateral sacroiliac joint injections were performed with good relief reported. The claimant continued to report lumbar pain with generalized numbness and weakness of the left lower extremity in 2008 along with bilateral sacral pain. Examination findings included left paraspinous tenderness and decreased sensation of the left anterior, posterior and lateral thigh. Lumbago, lumbar spondylosis, lumbar radiculopathy and symptomatic bilateral epi sacral lipomas was diagnosed. Conservative treatments included a left sacroiliac joint injection. Lumbar x-rays showed posterior lumbar hardware from L4 to S1. Review of a lumbar MRI performed on 10/07/08 showed laminectomy and fusion L4 through S1 with wide patency of the canal and no focal disc pathology. Review of a lumbar CT showed laminectomy and fusion L4 through S1 with wide patency of the canal through the fused levels and mild to moderate canal stenosis at L2-3 and L3-4. Bilateral epi sacral lipoma excisions were performed on 01/14/09. Post-operatively, the claimant reportedly was able to return to many of his activities of daily living with increased activity and motion with little limitations.

An exacerbation of lumbar pain was noted on a 09/02/09 physician record. Lumbar flexion and extension x-rays demonstrated hardware to be in excellent location without any lucency. A bilateral L3-4 facet injection followed on 10/01/09 with reported one hundred percent relief of lumbar pain. Increased function was reported with minimal limitations or restrictions. The claimant reported intermittent use of medications.

A physician record of 01/15/10 revealed the claimant continued to enjoy the benefits of the prior facet block with better control of lumbar pain. A June 2010 physician record noted increased lumbosacral tenderness with numbness along the lateral aspect of the left thigh and into the left lower extremity. A lumbar MRI performed on 07/15/10 showed a posterior lumbar decompression from L4 through S1 with hardware in excellent location and intact. Some epidural fibrosis L5- S1 was also noted. A left L3-4 transforaminal epidural injection and left L4 selective nerve root injection was performed on 08/17/10. A follow up physician record dated 09/10/10 revealed the claimant with complete relief of left leg radicular symptoms and left sided lumbar pain following the 08/17/10 injection. However, right-sided lumbar pain was reported. Dynamic imaging of the lumbar spine demonstrated generalized lumbar osteopenia and a fracture of the right sacral screw without any evidence of spondylolisthesis. A lumbar CT followed on 11/24/10 which demonstrated the laminectomy with rod and pedicle screw fixation L4- S1 with adequate capacity in the canal and foramina and hypertrophic changes L2-3 and L3-4 producing mild to moderate canal stenosis. On a follow up physician record of 12/10/10, right-sided low back pain was noted along with pain radiating to the right sacroiliac joint. It was noted that medications helped improve function. A right superior cluneal nerve block was performed.

A 01/03/11 physician record noted the claimant reporting some relief following the 12/10/10 nerve block then the pain returned. Examination revealed lumbar guarded motion, tenderness of the right lumbosacral region and right paraspinous. The impression was right-sided lumbar pain, right sacroiliitis and lumbago. A right sacroiliac joint injection was recommended and the claimant was encouraged to continue other conservative measures.

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

The claimant underwent previous right sacroiliac injections in 2006 and 2007 with reports of good pain relief. The claimant has had a more mixed response to left sacroiliac joint injection. The most recent record suggests the claimant has tenderness at the right sacroiliac joint. The claimant is reported to have a positive Patrick's test, which places stress on the sacroiliac joint. The reviewer finds there is medical necessity to repeat a right sacroiliac joint injection based on the information noted within the records and specifically his favorable response to right sacroiliac injections in the past. The reviewer finds there is medical necessity at this time for Outpt ASC SI Joint Injection 27096 G0260.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates Hip and Pelvis : Sacroiliac joint block

Criteria for the use of sacroiliac blocks

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above)
2. Diagnostic evaluation must first address any other possible pain generators
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks

8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block

9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

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)