

Notice of Independent Review Decision

**REVIEWER'S REPORT**

DATE OF REVIEW: 01/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SI joint injection

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis Code	Service Being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim #	Upheld Overturn
724.2	27096		Prospective						Overturn
724.2	77003		Prospective						Overturn
724.2	99144		Prospective						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

1. Certificate of independence of the reviewer
2. TDI case assignment
3. Letters of denial, 11/30/10 and 11/15/10, carrier submission letter, 12/21/10 including criteria used in denial
4. Pain management request for reconsideration, 11/18/10, with notes from 11/17/10
5. Peer Review, 10/21/10
6. Pain management notes, 01/19/09 through 11/09/10
7. Spine specialist's notes, 01/23/09 through 05/13/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx while carrying a pipe up a stairwell. Since that time he has undergone multiple evaluations and treatment option with the last few years having sacroiliac joint injections that apparently provided significant relief by at least 75% for several months. His last set of injections was apparently in May 2010. Approximately six months later, notes indicate that the patient requested a repeat set of injections due to some return of the same pain experienced. An updated set of sacroiliac joint injections was therefore requested but denied because of a "lack of physical examination findings."

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

It is apparent that this claimant has had chronic pain and has undergone multiple treatment trials in the past. It is also apparent, and is not disputed by the reviewers who denied the requested services, that the SI joint injections do provide significant and sustained

relief for this claimant. There is no reason to believe that the return of symptoms could be attributed to any other cause, as the claimant as well as his caretakers are by now presumably quite familiar with his pain patterns, etc. Therefore, I believe that it is medically reasonable and necessary for this claimant to undergo updated sacroiliac joint injections as requested.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)