



Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 06/21/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Injection Procedure for Sacroiliac Joint
Arthrography
Anesthetics/Steroid

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

Certified by the American Board of Anesthesiology
Certified by the American Board of Anesthesiology/Pain Management
Fellowship Trained in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Injection Procedure for Sacroiliac Joint – UPHELD
Arthrography – UPHELD
Anesthetics/Steroid – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Note, P.A., & M.D., 04/05/11
- Pre-Authorization, P.A., 04/06/11
- Denial Letter, Carrier, 04/11/11, 05/03/11, 05/05/11
- Reconsideration Pre-Authorization, P.A., 05/02/11
- Correspondence, P.A., 05/25/11
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was evaluated by Dr. on 04/05/11 for a follow-up visit, complaining of “pain located in the lower back with left leg pain.” The patient, at the time, was taking morphine.

The patient had apparently previously undergone a lumbar MRI in August of 2004 demonstrating a central and left L5-S1 disc protrusion and central L4-L5 disc bulge. A previous MRI in 2002 demonstrated the same findings. Electrodiagnostic diagnostic studies in April of 2005 demonstrated moderate left L5 and mild right S1 radiculopathy.

Physical examination by Dr.’s PA, on 04/05/11 documented mild weakness of dorsiflexion of the left great toe and decreased sensation in the left S1 dermatome. The straight leg raising test was positive bilaterally and Patrick’s sign was positive bilaterally. The patient did not, however, complain of right leg symptoms, and it was unclear whether the patient’s pain complaint was of bilateral or unilateral back pain. The physician assistant recommended bilateral sacroiliac joint injections with fluoroscopy and MAC anesthesia and continued the patient on morphine, immediate and extended release.

The initial review by a physician advisor on 04/11/11 recommended non-authorization of the procedure noting that the physical examination demonstrated no findings indicative of sacroiliac joint dysfunction other than a positive bilateral Patrick’s test. Specifically, the physician reviewer noted that there was “no documentation in the physical examination findings of the necessary three positive tests out of the diagnostic tests listed” in the ODG treatment guidelines.

P.A. then submitted a letter of reconsideration on 05/02/11 merely documenting the exact same rationale and findings as were contained in the 04/05/11 note.

A second physician advisor review on 05/05/11 also recommended non-authorization of the procedure citing “insufficient clinical findings on exam” and the presence of “multiple other pain generators that could be responsible for his pain based on past injection history and current physical exam. The physician reviewer also noted that the “physician’s claim of reported relief for months after each injection is not supported by any notes at the time the injections were done.”

On 05/25/11, P.A. resubmitted the same letter as was previously submitted in request for an IRO.

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

The previous recommendations for non-authorization are upheld. This patient’s complaint of lumbar and radicular left leg pain is not likely to be due to bilateral sacroiliac joint dysfunction, but rather to the disc herniations identified on lumbar MRI. The physical examination, in fact, documents evidence of decreased sensation, weakness, and positive straight leg raising tests bilaterally, all indicative of radiculitis and/or radiculopathy. Neither radiculitis nor radiculopathy is a valid medical indication for performing sacroiliac joint injections. Additionally, other than positive Patrick’s tests bilaterally, none of the other physical examination findings that are mandated by the Official Disability Guidelines are present in the physical examination of this patient to justify doing sacroiliac joint injections. Finally, as the second physician reviewer pointed out, there is no documentation of the patient obtaining the alleged degree or duration of relief following previous sacroiliac joint injections at and around the time that the previous injections were performed. Therefore, this patient does not meet ODG criteria for the

performance of bilateral sacroiliac joint injections and, therefore, the prior recommendations for non-authorization are upheld.

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)
- AMA GUIDES 5TH EDITION