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Notice of Independent Review Decision

DATE OF REVIEW: 04/28/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute:

27096 INJECT SACROILIAC JOINT
Units: 1 Start Date: 03/30/2011 End Date: 03/30/2011

20550 INJ TENDON SHEATH/LIGAME
Units: 1 Start Date: 03/30/2011 End date: 03/30/2011

A4550 SURGICAL TRAYS
Units: 1 Start Date: 03/30/2011 End Date: 03/30/2011

97110 THERAPEUTIC EXERCISES
Units: 6 Start Date: 03/30/2011 End Date: 03/30/2011

97112 NEUROMUSCULAR REEDUCATIO
Units: 6 Start Date: 03/30/2011 End Date: 03/30/2011

97140 MANUAL THERAPY
Units: 6 Start Date: 03/30/2011 End Date 03/30/2011

G0283 ELEC STIM OTHR THN WOUND
Units: 6 Start Date: 03/30/2011 End Date: 03/30/2011

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 05/21/10 - MRI Lumbar Spine
2. 03/15/11 - Clinical Note - MD
3. 03/18/11 - Utilization Review
4. 03/30/11 - Utilization Review
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female.

An MRI of the lumbar spine performed 05/21/10 demonstrated no evidence of neuroforaminal narrowing or canal stenosis. There was no evidence of posterior disc bulge, significant facet hypertrophy, and ligament of flavum.

The employee saw Dr. on 03/15/11 with complaints of pain to the left hip, buttocks, and left lower extremity. The note stated the employee underwent trigger point injections on 01/27/11 with one week of relief. The employee rated her current pain at 8 out of 10. Physical examination revealed trigger point tenderness to the left gluteus maximums and the gluteus medius. Straight leg raise was negative bilaterally. There was tenderness noted to the right sacroiliac joint. There was decreased sensation to the left lateral thigh. The employee was assessed with pain to the left hip, buttocks, and left lower extremity, left sacroiliac joint dysfunction, possible low back pain with radiculitis, myofascial pain syndrome, and exacerbation of her symptoms without response to conservative care. The employee was prescribed Baclofen, Celebrex, Zolof, and Tramadol. The employee was recommended for an MRI of the lumbar spine. The employee was also recommended for left sacroiliac joint injection under fluoroscopic imaging with trigger point injections followed by six sessions of rehabilitation.

The request for injection sacroiliac joint, injection tendon sheath/ligament, surgical trays, therapeutic exercises, neuromuscular reeducation, manual therapy, electrical stimulation other than wound was denied by utilization review on 03/18/11 as the employee had received more than one set of injections in the past with transient therapeutic benefit; however, it was noted the employee had not followed through with recommendations to pursue physical rehabilitation subsequent to the injections. Medical necessity was not established due to limited and non-sustainable therapeutic benefit from prior procedures.

The request for Injection sacroiliac joint, injection tendon sheath/ligament, surgical trays, therapeutic exercises, neuromuscular reeducation, manual therapy, electrical stimulation other than wound was denied by utilization review on 03/30/11 as physical examination did not document at least three positive examination findings, diagnostic evaluation had not addressed other possible pain generators, and the employee had not failed at least four to six weeks of aggressive conservative therapy, to include physical

therapy, home exercises, and medication management. Also, guidelines do not recommend performing different types of injections on the same day.

An MRI of the lumbar spine performed 04/06/11 demonstrated no significant disc bulge or herniation at L1-L2, L2-L3, and L3-L4. There was mild facet disease noted bilaterally at L3-L4. The L4-L5 disc space level demonstrated mild diffuse disc bulge without significant neuroforaminal stenosis or canal stenosis. There was mild facet disease noted. The remainder of the MRI report was not provided for review.

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

The request for Injection sacroiliac joint, injection tendon sheath/ligament, surgical trays, therapeutic exercises, neuromuscular reeducation, manual therapy, electrical stimulation other than wound is not recommended as medically necessary. The clinical notes provided for review do not indicate that the employee has completed a four to six week period of conservative treatment, to include physical therapy. The duration of the employee's home exercise is unclear. It is unclear from the clinical documentation if the employee has objective findings consistent with sacroiliac joint dysfunction. The employee was noted to have a positive Patrick's test; however, it is unclear what a Gandel's test is. This test is not listed in current evidence-based guidelines.

As the clinical documentation does not meet guidelines recommendations for the request, medical necessity is not established.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Online Version, Hip and Pelvis Chapter

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 maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.