

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right SI joint injection with fluoroscopy and monitored anesthesia

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines and Treatment Guidelines

Notification of reconsideration determination 09/20/11 non-certifying appeal right SI joint injection with fluoro / monitored anesthesia

Notification of adverse determination 08/29/11 regarding non-certification right SI joint injection with fluoro / monitored anesthesia

Preauthorization request 08/24/11

Preauthorization reconsideration request 08/30/11

Physical therapy evaluation and progress notes 02/01/11-02/24/11

MRI of coccyx 07/14/11

Office visit notes Dr. 04/07/11-08/22/11

Utilization review referral forms

Functional capacity evaluation 07/15/11

Physical therapy evaluation 06/07/11

Preauthorization request 06/07/11

Reconsideration request for ganglion block sacral coccygeal joint and ligament injection 04/18/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx secondary to slip and fall landing on her buttocks. MRI of the coccyx on 07/14/11 was reported as a normal study. The SI joints were noted to reveal very minimal / mild early sacroiliitis. The claimant was noted to have history of lumbar laminectomy in 2007. The claimant was treated conservatively with physical therapy and home exercise program. A ganglion Impar block / sacrococcygeal joint and ligament injection was performed on 05/16/11 with reportedly good response and symptomatic relief (pain reduced approximately 75%). Office visit note dated 08/22/11 indicates the claimant presents with low back pain with pain score 3/5 in low back. Objective

findings reported the claimant to be 5'4" tall and 118 lbs. Range of motion was decreased with back extension and lateral flexion; pain with back extension and lateral flexion. Reflexes were 3+ at bilateral knees and ankles. Straight leg raise was negative bilaterally. Bilateral pelvic rock test was positive. Assessment was coccydynia (mild improving); sacroiliac pain. The claimant was recommended to undergo right SI joint injection.

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

This patient was diagnosed with coccydynia, but MRI of the coccyx was unremarkable. This study did note very minimal / mild early sacroiliitis. The most recent physical examination on 08/22/11 noted positive pelvic rock test bilaterally.

Per ODG guidelines, there should be at least 3 positive exam findings to establish diagnosis of SI joint dysfunction. In this case the patient only had one finding reported (positive pelvic rock test). As such, she does not meet ODG criteria for SI joint injection, and the proposed procedure is not indicated as medically necessary. The reviewer finds there is not a medical necessity for Outpatient Right SI joint injection with fluoroscopy and monitored anesthesia. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)