I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left SI Joint Injection 62310 01992

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Anesthesiology/Pain Management

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines
Utilization review 10/10/11
insurance company response regarding disputed services 10/28/11
Emergency department records 07/19/11
Office visit note 07/14/11 Dr.
Radiology report x-rays lumbar spine 07/14/11
MRI lumbar spine dated 07/25/11
Office notes Dr. 07/25/11-09/19/11
Operative report lumbar ESI L4-5 08/27/11
Medical records/peer review Dr. 09/14/11
10/25/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as lifting. The claimant complains of pain in the mid lumbar area radiating down toward both hips. X-rays of the lumbar spine on 07/14/11 revealed mild degenerative disc changes of the upper lumbar spine. MRI of the lumbar spine revealed L4-5 prominent bulge of 5 mm with central spinal stenosis approximately 6 mm with associated foraminal narrowing and likely mass effect on the exiting nerve roots at the levels below. The records indicate the claimant underwent epidural steroid injection at L4-5 on 08/27/11 and reported 50-70% improvement in pain. The claimant also states that SI injection helped and his low back pain is significantly less than before, but still hurts quite a bit with activities and is affecting quality of life. Lumbar spine examination revealed vertebral spine tenderness to the low lumbar spine, SI joint tenderness on both sides left greater than right, positive Patrick's on left, facet joint tenderness left L4-5, L5-S1; negative straight leg raise bilaterally; 5/5 motor strength in the bilateral lower extremities; paresthesias in the left L3, 4 and 5 distribution.

A preauthorization request for left SI joint injection was reviewed on 10/10/11 and non-certified as medically necessary. The reviewer noted that per medical report dated 09/19/11,

the claimant complains of pain at the lower back described as sharp, non-radiating, mild to moderate with intermittent onset. There was no numbness, weakness and incontinence. The claimant states that SI injection helped and his low back pain is significantly less than before but still hurts quite a bit with activities and is affecting quality of life. On physical examination there is vertebral spine tenderness to the low lumbar spine, SI joint tenderness on both sides left greater than right, positive Patrick's on left, facet joint tenderness left L4-5, L5-S1; negative straight leg raise bilaterally; 5/5 motor strength in the bilateral lower extremities; paresthesias in the left L3, 4 and 5 distribution. It was noted that the claimant was not documented to have at least 3 positive clinical findings suggestive of sacroiliac dysfunction (eg cranial shear test, extension test, flamingo test, etc.). The patient reported improvement with previous SIJ injection; however, the laterality and procedure report were not provided for review. According to guidelines, a positive diagnostic response is recorded as 80% and if the first block is not positive, second diagnostic block is not performed. Also, the suggested frequency for repeat blocks is two months or longer between each injection provided at least 75% pain relief is obtained for 6 weeks. It was noted that the date of previous injection and quantification of response were not stated in the records submitted. Also, there was no mention of conservative treatment in conjunction with the requested procedure such as physical therapy/home exercise program.

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

This gentleman sustained a lifting injury to the low back on 06/02/11. He had findings consistent with radiculopathy and underwent lumbar epidural steroid injection on 08/27/11 and reported 50-70% improvement. The records indicate the claimant also underwent SI joint injection, but no procedure report was submitted for review documenting the date of the injection and laterality of the injection. The claimant reported that the SIJ injection helped; however, there is no quantification of the relief obtained. Per Official Disability Guidelines, there should be at least 80% response for the duration of the local anesthetic for positive diagnostic response. If first block is not positive a second diagnostic block is not performed. Also, as previously noted, Official Disability Guidelines indicate there should be at least 3 positive exam findings to establish SI joint dysfunction. Given the current clinical data, the reviewer finds the proposed Left SI Joint Injection 62310 01992 is not medically necessary.

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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)