Becket Systems

An Independent Review Organization
815-A Brazos St #499
Austin, TX 78701
Phone: (512) 553-0360
Fax: (207) 470-1075
Email: manager@becketsystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Oct/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left & Right SI Joint Injection Under Fluoroscopy with IV Sedation

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
Preauthorization review 08/30/11 regarding non-certification left and right SI joint injection under fluoroscopy with IV sedation
Preauthorization review 09/28/11 regarding non-certification reconsideration request left and right SI joint injection under fluoroscopy with IV sedation
Initial pain evaluation and follow-up notes Dr. 06/13/11-09/14/11
Procedure report 08/03/11 left SI joint injection, left SI arthrography
Imaging / diagnostic studies including lumbar MRI, CT myelogram lumbar spine, EMG/NCV lower extremities, and plain radiographs of lumbar spine 10/23/09-02/23/11
Operative report hemilaminectomy discectomy left L3-4, L4-5 02/16/11
Designated doctor evaluation Dr. 02/28/11
Initial consultation and subsequent clinic notes including weekly therapy summary and work hardening notes Dr. 09/11/09-03/16/11
Neurosurgical consultation and follow-up Dr. 01/11/10 and 05/14/10
Office consultation notes and procedure notes lumbar epidural steroid injections Dr. 01/27/10-04/16/10
Office notes Dr. 07/01/10-05/19/11
Office note Dr. 08/23/10
Behavioral health evaluation MLA/LPC 09/23/10
Office notes Dr. 03/10/11 and 03/16/11
Urine drug screen reports 08/23/10, 12/22/10
Clinical reports Chiropractic Neurology Center 04/11/11-09/22/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained an injury to low back on xx/xx/xx while lifting a heavy box. After failing a course of conservative treatment including physical therapy, medications and series of epidural steroid injections, the patient underwent surgical intervention on 02/16/11 with hemilaminectomy, discectomy performed on the left at L3-4 and L4-5. He developed postoperative infection, although it was unclear as to the source of the infection.

Notes from 03/11 noted the claimant's incision looked great but no drainage. Dr. saw the claimant for pain evaluation on 06/13/11. Dr. assessment was post lumbar laminectomy pain syndrome with recurrent left lumbar radiculopathy; left SI joint arthropathy; generalized deconditioning, mild depression and insomnia and chronic pain state. Dr. examination noted moderate tenderness over the left S1 joint with positive Patrick's test suggestive of sacroiliac arthropathy. The patient was also noted to have mild sciatic notch stretch signs with positive Lasegue's sign at 60 degrees, and mild decreased pinprick sensation in L5 distribution on the left.

On 08/03/11 the claimant underwent left SI joint injection. Dr. recommended the claimant to undergo a second SI block.

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

This claimant sustained a lifting injury to his low back in 2009. He underwent left L3-4 and L4-5 hemilaminectomy and discectomy on 02/16/11. The claimant was seen in consultation by Dr. on 06/13/11 with chief complaint of chronic persistent back, left buttock and lateral thigh pain with occasional numbness and weakness down the leg. On examination Dr. noted positive Patrick's test suggestive of SI arthropathy. As noted on previous reviews, ODG guidelines require at least 3 positive exam findings to establish diagnosis of SI joint dysfunction. In this case, there was only one positive finding with Patrick's test. Also, there should be pain relief of at least 6 weeks with at least 70% pain relief recorded following initial injection to support repeat block. The claimant reported only 5 days of pain relief following initial SI injection. There was also no documentation that the claimant had received and failed at least 4-6 weeks of aggressive conservative treatment such as physical therapy, home exercise program, and medication management prior to SI injection. As such, the proposed Left & Right SI Joint Injection Under Fluoroscopy with IV Sedation is not found to be medically necessary. 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

[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)