

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 09/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

27096 Inject sacroiliac joint

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

The TMF physician reviewer is board certified in orthopedic surgery with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the 27096 Inject sacroiliac joint is medically necessary to treat this patient's condition.

PATIENT CLINICAL HISTORY (SUMMARY):

This injured worker sustained a work related injury on xx/xx/xx resulting in pain to the lower back. An MRI dated 04/23/11 revealed posterior annular tear at L4-5. The patient has been treated with a previous medial branch blocks at right L3, L4 and L5 nerve levels. He continues to complain of low back pain and there is a request for a sacroiliac joint injection.

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

DECISION.

While this patient is in the acute phase, the symptoms (inflammatory) are more likely to be confined to the joint lining capsule. They respond to an injection and the injection may result in a cure if the patient is then referred to an appropriate manual therapist. Therefore, it is determined that the sacroiliac joint injection is medically necessary to treat this patient's condition.

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)

1. Interdisciplinary World Congress on Low Back Pain and its Relation to the Sacroiliac Joint, The Sacroiliac Joint Syndrome Pathophysiology, Diagnosis, and Management; Thomas N. Bernard, Jr., and J. David Cassidy.
2. The Hughston Clinic Sports Medicine Book, Mechanical Low Back Pain, Thomas A. Boers