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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 08/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient second bilateral SI joint injection

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

Board Certified in Orthopedic Surgery

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.

Outpatient second bilateral SI joint injection - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

The patient underwent a multilevel epidural steroid injection (ESI) on 03/20/03 by

Dr. The postoperative diagnoses were lumbar radiculopathy and discogenic pain syndrome. On 06/10/03, Dr. performed decompression at L4-L5 and L5-S1, bilateral foraminotomies at L4-L5 and L5-S1, posterolateral fusion at L4-L5 and L5-S1, bone grafting, and segmental instrumentation with implants at L4, L5, and S1. The postoperative diagnoses were spinal stenosis at L4-L5 and L5-S1, facet hypertrophy at L5-S1, bilateral radiculopathy, and degenerative disc disease at

L4-L5 and L5-S1. A CT scan of the lumbar spine dated 10/13/03 and interpreted by Dr. revealed postsurgical changes with adequacy of the posterior fusion via transpedicular screws and rods from L4-S1 without loosening of the screws seen without fracture with fairly good alignment noted. There were osseous fusion masses from L4 through S1 noted with lack of osseous incorporation. The posterior decompressive procedure at L4-L5 was noted with persistence of mild bulging of the annulus of 2 to 3 mm. at L4-L5 without focality or significant central stenosis with continued small degree of lateral recess narrowing. There was posterior body ridging at L5-S1 that foraminaly contacted and deformed the right L5 nerve root sleeve in its neural foramen similar to the findings on the CT myelogram accompanied by facet arthropathy, on the right greater than the left, involving the right S1 nerve root sleeve. Right lateral recess narrowing of moderate degree and it was also seen on the left. On 01/05/04, Dr. recommended a lumbar ESI for the numbness and pain going across her thigh, going down the medial border of her left leg down to the big toe. Dr. evaluated the patient on 06/06/05 and he reviewed the CT myelogram from 06/04/04 that showed a pseudoarthrosis. He recommended a three step procedure. Dr. removed the posterior segmental instrumentation at L4-L5 and L5-S1, explored the fusion at L4-L5 and L5-S1, prepared and re-bone grafted of the posterolateral fusions on the left and right at L4-L5 and on the right at L5-S1, and inserted a postoperative pain catheter on 02/01/06. On 06/23/06, the patient told Dr. that she still had significant deep, achy pain Dr. felt was consistent with discogenic pain. X-rays that day showed significant disc collapse at L5-S1. He recommended an interbody fusion. On 06/16/08/, Dr. refilled the patient's medications. The patient returned to Dr. on 08/04/09 and noted she had attended 23 sessions of a chronic pain management program with minimal relief. It was noted she fell twice during the sessions and it caused some pain in her left leg. The patient was advised to continue her muscle stimulator and she was given a four prong cane. On 07/16/10, it was noted the patient had lost 40 pounds. X-rays were reviewed that day and showed the fusion existed from L4-S1. Her medications and home exercise program were continued. On 10/12/10, Dr. recommended bilateral SI joint injections, which were performed on 01/06/11. The patient informed Dr. on 04/21/11, the bilateral SI joint injections provided her

with 80% pain relief and helped her function. On 07/08/11, M.D., provided a Notice of Utilization Review Findings, providing a non-authorization for the bilateral SI joint injections. On 07/15/11, M.D. provided a Notice of Utilization Review Findings, also providing a non-authorization for the bilateral SI joint injections. On 07/21/11, Dr. reviewed Dr. denial and noted the SI joint played an important role in distributing force and influenced by the movement of the lumbosacral spine. He again recommended the bilateral SI joint injections and felt per the ODG, she did meet the criteria.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE

CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

If one refers to the ODG in the hip and pelvis chapter for SI joint blocks, a repeat injection is appropriate if the patient has had six weeks of relief with at least 70% pain relief recorded. The interval of pain relief must be two months in between injections. With respect to Dr. and his physician assistant who has written the notes, the letter of 07/21/11 does not have the appropriate information that would allow anyone who utilizes the ODG .The interval in which the patient had pain relief was not noted. “The patient states the injections gave her approximately 80% relief in help with function in her low back and lower extremity. At that time, she had intermittent low back pain.” The interval or duration of time in which she had relief is not clear based on the documentation. In reviewing the records, this patient has had a migratory pain pattern. Therefore, the relief of her pain cannot be ascribed to the SI joint and Dr. records do not meet the criteria of the ODG. At this time, the requested outpatient second bilateral SI joint injection is not reasonable or necessary and cannot be authorized because the information required by the Official Disability Guidelines and noted in both reports for non-certification from Forte has never been provided by Dr. Therefore, the previous adverse determinations should be upheld at this time.

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 AND KNOWLEDGE BASE
- 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)**