Medwork Independent Review
5840 Arndt Rd., Ste #2
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ACCREDITED INDEPENDENT REVIEW ORGANIZATION

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
WORKERS' COMPENSATION - WC

Original Date: December 10, 2012
Amended Date: December 17, 2012

DATE OF REVIEW: 12/4/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Sacroiliac Injection (SI) times one.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Texas Dept of Insurance Assignment to Medwork 11/21/2012,
2. Notice of assignment to URA 11/20/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 11/21/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 11/20/2012
6. Letter to IRO from attorneys 11/27/2012, letter to department of insurance from attorneys 11/20/2012, notice of utilization review findings 11/20/2012, medical documents 11/16/2012, Note of utilization review findings 11/12/2012, scripts for orders 11/07/2012, medication report 11/07/2012, medical documents 11/07/2012, 10/04/2012, work status report 09/25/2012, aquatic therapy flow sheet 09/22/2012, electrodiagnostic testing report 09/14/2012, daily note from therapy center 09/07/2012, medical documents 09/07/2012, 08/30/2012, 08/27/2012, 08/24/2012, notice of intent to issue an adverse determination 08/24/2012, work status report 08/24/2012, utilization review findings 08/20/2012, medical documents 08/20/2012, initial evaluation from physical therapy center 08/20/2012, authorization for requested services

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08/17/2012, medical documents 08/14/2012, examination report from hospital 08/14/2012, medical documents 08/10/2012, patient file 08/10/2012, injured worker information xx/xx/xx, work status report xx/xx/xx , vehicle accident reportxx/xx/xx, ODG treatment guidelines, general provisions of state.

PATIENT CLINICAL HISTORY:

The patient is a male who was injured on xx/xx/xx. The patient was in a motor vehicle accident. The vehicle was reportedly struck from behind while his vehicle was in a stop position. He experienced immediate onset of back and right leg pain. Despite medications and therapy, the patient had persistent pain and muscle tenderness and spasm. The patient has been evaluated by his physician, whose records were reviewed. The patient was noted to have had a normal neurologic examination, except for absent reflexes at the knees bilaterally. The patient is noted radiographically to have been status post a spinal fusion at L4-L5 and L5-S1. The diagnoses have included lumbar sprain/strain and lumbar radiculopathy. The patient has also been treated with a sacroiliac joint injection as approximately 09/25/2012. A nurse practitioner documented that there was an assessment of right SI joint pain and dysfunction, and the SI joint injection was documented to have been followed up on 11/01/2012 with a reported a 70% reduction of pain for up to 3 days in the lower back. The repeat SI joint injection was considered subsequently.

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

The patient does not have an indication for a repeat sacroiliac joint injection as guideline criteria have not been met. In fact, specifically guidelines have revealed with regard 2 sacroiliac joint blocks that "the duration of pain relief should be at least 6 weeks with at least 70% pain relief reported for this period." It was also noted that "the suggested frequency for repeat blocks is 2 months or longer between each injection provided that at least 70% pain relief is obtained for 6 weeks." Therefore at this time, since there have not been even close to guideline-associated reduction in pain and/or pain medications with regard to the initial sacroiliac joint injection, ODG guidelines do not support a repeat injection at this time. Therefore, the initial denials clearly warrant being upheld based on the ODG guidelines in particular with regard to sacroiliac joint injection/blocks.

The denial of services is upheld.

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**

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- ☐ **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)**