

US Decisions Inc.
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

right sacroiliac joint fusion with inpatient length of stay for 3 days

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

M.D., Board Certified Neurosurgery

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 medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that medical necessity is established for the proposed right sacroiliac joint fusion with inpatient length of stay for 3 days.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Medical records including office visit notes, diagnostic studies, peer reviews, etc. dates 2002-2010

Manual muscle testing 01/20/11-05/11/12

Orthopedic reports Dr. 01/20/11-06/01/12

Notice of utilization review findings dated 05/18/11

Confirmation and status of patient appointment dated 05/23/11

Operative note dated 05/26/11 for thoracic epidural steroid injection

Notice of utilization review findings dated 07/08/11

Notice of intent to issue an adverse determination dated 07/14/11

Texas Department of Insurance Division of Worker's Compensation dated 09/27/11 and 11/09/11

Operative report right and left SI joint injections dated 12/09/11

Notice of Utilization review findings dated 05/24/12

Notice of utilization review findings dated 06/15/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured when she stepped up on a ledge and stepped down on grease and slipped. She injured her left ankle, thoracic and lumbar spine. The claimant is noted to be status post L4-S1 fusion in 2003, with hardware removal in 2006. The claimant has been treated with lumbar ESIs, SI joint injections, physical therapy, and chronic pain management program. She had bilateral SI joint injection on 12/09/11 and reported approximately 80% relief following the injection. The claimant stated it helped increase her mobility. The claimant also participated in post injection physical therapy at home. Orthopedic report dated 05/11/12 indicated the claimant has had 2 SI joint injections to right SI region over past year, which gave her significant relief. Examination of right SI joint area reveals severe tenderness to palpation. She was leaning on left side of buttocks due to pain on right side. She had difficulty getting out of her chair and onto examination table. She had positive Faber's and positive compression test. She had positive thigh thrust and positive distraction. She stated these symptoms were not present following injection. These increased with activity. It was noted the claimant has exhausted physical therapy and oral anti-inflammatories and series of right SI

joint injections with lasting relief, although pain has returned. It was believed the claimant would benefit from right SI joint fusion. A request for inpatient right sacroiliac (SI) joint fusion with length of stay (LOS) for 3 days was non-authorized per utilization review dated 05/24/12 noting ODG does not recommend SI joint fusion except as last resort for chronic or severe sacroiliac joint pain. Reviewer noted there were no radiographic studies indicative degenerative SI joints. The claimant apparently had single injection of bilateral sides and had relief but only one side is suggested for surgery, which seems inconsistent.

As claimant has continued to have back pain as well as possible SI pain post op it would appear all pain generators have not been identified. No psychological screening has been recorded and there is no history of her smoking. Therefore, medical necessity is not established. A reconsideration / appeal request of right sacroiliac joint fusion with inpatient length of stay for 3 days was non-authorized per utilization review dated 06/15/12. It was noted that there was no information material submitted about the claimant's present complaints or physical findings, only that she underwent sacroiliac joint injections bilaterally on 01/16/11 and 12/09/11 with good temporary relief. There also were no radiological reports discussing the status of the sacroiliac joint. It was noted that in the absence of the history describing the pain (location, things that exacerbate or relieve, etc.) or any radiological findings demonstrating pathology, current documentation supplied for review does not comply with the recommendations of Official Disability Guidelines and no rationale has been supplied to support the medical necessity of exceeding these recommendations.

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

The claimant sustained an injury and underwent L4-S1 fusion in 2003 with subsequent hardware removal in 2006. She had sacroiliac joint injection times two with significant relief reported after each injection. Right sacroiliac joint fusion is recommended due to persistent bilateral sacroiliac joint pain, exhaustion of non-operative treatments including physical therapy, oral anti-inflammatories and sacroiliac joint injections with good temporary results. The records indicate that the claimant does not smoke. Given the current clinical data, noting that the claimant has obtained significant relief following two sacroiliac joint injections, it is clear that this is a pain generator. Following two level lumbar fusion immediately above the sacroiliac joint region, this is not an unexpected sequela. It appears that the claimant does meet Official Disability Guidelines criteria for sacroiliac joint fusion, which provides that SI joint fusion is not recommended except as a last resort for chronic or severe sacroiliac pain with failure of nonoperative treatment, chronic pain lasting for years, and diagnosis confirmed by pain relief with SI joint injections. It is the opinion of the reviewer that medical necessity is established for the proposed right sacroiliac joint fusion with inpatient length of stay for 3 days.

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

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)