

SENT VIA EMAIL OR FAX ON
Mar/14/2012

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacroiliac Injection

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

Anesthesiology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Cover sheet and working documents
Utilization review determination dated 02/02/12, 02/10/12
Follow up note dated 02/24/12, 01/27/12, 12/19/11, 12/01/11, 11/03/11, 09/19/11, 08/22/11, 08/02/11, 07/27/11
Neurodiagnostic report dated 08/04/11
History and physical report dated 08/03/11, 07/27/11, 07/20/11, 06/28/11
MRI thoracic spine dated 07/19/11
MRI lumbar spine dated 07/08/11
Plan of care dated 07/06/11
Progress/treatment note dated 07/26/11
Radiographic report dated 06/28/11
Daily note dated 11/23/11, 11/18/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting a heavy beam when the beam got stuck on a stand, and the patient states that his back started hurting and his arms and hands got numb. MRI of the lumbar spine dated 07/08/11 revealed mild multilevel degenerative disc disease, degenerative facet disease at L4-5 and L5-S1, otherwise unremarkable MRI lumbar spine. Neurodiagnostic report dated 08/04/11 is reported as a normal study with no evidence of lumbosacral radiculopathy. Daily note dated 11/23/11 indicates that the patient has completed 5 sessions of physical therapy for diagnosis of cervical disc displacement without myelopathy, thoracic disc degeneration and lumbosacral disc degeneration. The patient reportedly underwent an epidural steroid

injection with only temporary relief noted. Follow up note dated 12/01/11 indicates that Dr. believes the patient has undergone trigger point injections in the thoracic and lumbar spine as well as facet injections at both locations. Note dated 12/19/11 states that the patient reports 50% or less pain relief for just several days after facet injections and then the pain was back. The patient cannot do physical therapy due to increasing pain. The patient is noted to be morbidly obese. He has hypertension out of control. Dr. reports that this patient is a "diagnostic nightmare" noting that there are both supratentorial and organic problems. Follow up note dated 02/24/12 notes that the patient is tender over the SI joints bilaterally. Neurologically, he is intact on motor and sensory exam. Straight leg raising is positive at 40 degrees bilaterally for low back pain only. Patrick maneuver is markedly positive bilaterally for the SI area pain. Gaenslen's maneuver which was not able to be performed previously is reported as markedly positive bilaterally. Stork test is markedly positive bilaterally.

Initial request for sacroiliac injection was non-certified on 02/02/12 noting that there is inadequate evidence of myofascial pain syndrome. Physical examination does not document the presence of circumscribed trigger points. There is no clear evidence that prior treatment has been directed towards myofascial pain. The denial was upheld on appeal dated 02/10/12 noting that there were notations that the patient had not attended therapy and also notations that therapy had not helped. The duration of the treatment and time frame within which it took place is not clear. Guidelines also require that other pain generators be ruled out and in this case there is only documentation of lumbar evaluation.

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

Based on the clinical information provided, the request for sacroiliac injection is not recommended as medically necessary, and the two previous denials are upheld. The patient's treatment to date is unclear. The records state that the patient has undergone extensive physical therapy; however, the most recent physical therapy note dated 11/23/11 submitted for review indicates that the patient has only completed 5 sessions of therapy. Follow up notes report that the patient has undergone epidural steroid injection, facet joint injections and trigger point injections; however, other than noting that the facet joint injections provided 50% or less pain relief for just several days, the patient's objective, functional response to this treatment is not documented. The submitted records indicate that the patient is morbidly obese and presents with hypertension out of control. Given the current clinical data, the requested injection is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES