



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 3/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left Sacroiliac Joint Injection

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 [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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. Assignment to 3/12/2012,
2. Notice of assignment to URA 3/8/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 3/12/2012,
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 3/12/2012
6. Medical Information 2/1/2012, follow-up documents 1/23/2012, Insurance information 12/13/2011, 12/12/2011, 12/1/2011, Medical Information 11/14/2011, Consultation documents 11/14/2011, Follow-up documents 11/7/2011, 9/1/2011, Operative Report 8/10/2011, Follow-up documents 7/12/2011, Medicals 7/6/2011, Follow-up documents 6/24/2011, Outcome evaluation 6/24/2011, Physical therapy evaluation 6/7/2011, Follow-up documents 5/26/2011, 8/2/2010, 7/12/2010, 6/21/2010, 5/24/2010, Medicals 6/3/2010, 6/2/2010, 5/26/2010, 5/21/2010, 5/19/2010, 5/17/2010, 5/14/2010, 5/12/2010, 5/5/2010, New patient visit 5/3/2010.

PATIENT CLINICAL HISTORY:

The patient is a female who had reportedly fallen in xx/xxxx. The patient has had ongoing low back pain, and treatments have included multiple facet injections along with therapy and medications. The patient has been noted to have undergone an MRI scan revealing a grade 1 spondylolisthesis at L4-L5 with degenerative facets. The patient has been most recently documented as having a normal neurologic examination. In addition, the patient has been noted



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to have a positive Gaenslen test on the left and positive figure-4 test, although she has been reportedly able to work full duty. The patient has been considered for a sacroiliac joint injection. The specific records reviewed were noted to be based partially on the fact that the patient was reportedly not engaged in an overall evidence-based exercise program in addition to a lack of severity of subjective and objective findings. The patient has been noted to have had consideration for the sacroiliac joint injection to be on the left side most recently.

The treating provider's records as of November 14, 2011, discussed the lack of any root tension signs. "With seated leg raise, it does create back pain, particularly on the left. That has been the symptomatic side." It was noted that attempting to "watch her try and lie down...is really indicative of SI joint dysfunction..." The patient was noted to have a "dramatically positive FABERE 4 on the left, a positive Gaenslen, and positive Fortin finger sign on the left." The patient has to have facetogenic pain and was noted to have sacroiliac joint-mediated pain "as a result of that fall at." The treating provider has considered the patient for a left sacroiliac joint injection. The prior records were also reviewed, revealing evidence of the facet joint injections and therapy TENS unit and medications.

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

The patient has both significant subjective and objective findings of plausible left sacroiliac joint dysfunction. The patient has had a trial and failure of medications, restricted activities, and therapy along with facet injections. The applicable Official Disability Guidelines regarding hip and pelvis do support consideration for sacroiliac joint injections based on both the subjective and, in particular, the multiple positive objective abnormalities. The guidelines for utilization of sacroiliac joint injections do support a diagnostic/therapeutic intraarticular sacroiliac joint injection based on the clinical records submitted for review; therefore the insurer's denial is overturned.

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 KNOWLEDGBASE
- 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



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- 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)**