

Wren Systems

An Independent Review Organization
3112 Windsor Road #A Suite 376
Austin, TX 78703
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ASC sacroiliac SI joint injection

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

M.D., Board Certified 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

Official Disability Guidelines

Utilization review determinations 01/19/12, 02/10/12

Office visit notes 01/27/12, 12/27/11, 09/26/11, 06/13/11, 03/09/11, 01/03/11, 12/10/10, 09/10/10, 07/27/10, 06/25/10, 06/04/10, 01/15/10, 10/15/09, 09/11/09, 09/02/09, 06/01/09, 02/26/09, 01/28/09, 01/19/09, 11/10/08, 10/13/08, 09/22/08, 09/02/08, 08/22/08, 06/06/08, 04/28/08, 03/27/08, 02/27/08, 02/13/08, 11/09/07, 08/09/07, 06/27/07, 05/21/07, 02/28/07, 11/15/06, 10/11/06, 09/18/06, 04/19/06, 03/03/06, 08/03/05, 01/26/05, 10/11/04, 10/04/04, 07/07/04, 12/17/03, 10/31/03, 09/19/03, 08/18/03, 07/18/03, 06/18/03, 05/09/03, 04/09/03, 12/12/02

Surgical pathology report 01/14/09

Designated doctor evaluation 09/15/09

CT lumbar spine 11/24/10, 10/07/08, 12/02

MRI lumbar spine 07/15/10, 10/07/08, 04/01/03, 08/06/02

Procedure report 02/22/11, 08/17/10, 10/01/09, 01/14/09, 07/23/07, 06/14/07, 10/30/06, 04/04/06, 03/25/03, 11/11/04, 12/11/02

Radiographic report 03/25/03

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. He has had diagnostic testing, surgical intervention on 03/25/03 consisting of L4, L5, S1 laminectomy, posterior lumbar fusion L4-5 through S1, aquatic therapy, left SI joint injection on 12/17/03, 11/11/04, 04/04/06 (with 90% relief for 5 days), 10/30/06 (nearly complete relief of symptoms, duration not documented), 06/14/07 (better than 60% relief, duration not noted), right SI joint injection on 07/23/07, physical therapy, left episacral lipoma injection on 10/11/06, bilateral episacral lipoma excision on 01/14/09, bilateral L3-4 facet injection on 10/01/09 (100% relief, duration unknown), left L3-4 transforaminal epidural steroid injection and left L4 SNRB on 08/17/10, right superior cluneal nerve block on 12/10/10 (40% relief for about a week), right SI joint injection on 02/22/11 (80% relief, duration unknown). Designated doctor evaluation dated 09/15/03 indicates that the patient reached MMI as of 09/15/03 with 10% whole person

impairment. Note dated 10/11/04 indicates that the patient was injured at work on 07/17/04 when he bent over quickly to catch a falling videotape. MRI of the lumbar spine dated 07/15/10 revealed laminectomy with rod and pedicle screw fixation L4-S1 without focal protrusion or canal or foraminal stenosis; there may be some enhancing epidural fibrosis on the left L5-S1. CT of the lumbar spine dated 11/24/10 revealed post-surgical changes; hypertrophic changes L2-3 and L3-4 producing mild to moderate canal stenosis. Follow up note dated 01/27/12 indicates that bilateral lumbosacral pain limits many of the patient's functions and activities. Medications include Celebrex, Xanax, Flexeril and Nexium.

On physical examination the lumbar spine has guarded motion that exacerbates with flexion or extension. There is tenderness of the lumbosacral region bilaterally. There is a positive bilateral Patrick's, positive bilateral Spurling's and a positive bilateral pelvic tilt on the left more so than the right. The lower extremities are neuromuscularly intact.

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

This patient has undergone multiple SI joint injections; however, the patient's objective, functional response to include duration of response is not documented. There is no documentation of any recent active treatment to include physical therapy and/or home exercise program. The Official Disability Guidelines have not been met. The reviewer finds no medical necessity for ASC sacroiliac SI joint injection.

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)