

CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: March 21, 2012

IRO CASE #: 39888

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Out Patient Sacroiliac Joint Injection Right 27096 77003-26

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:

09/05/07: Operative Report by
09/20/07: Follow-up Evaluation with
11/13/09: Follow-up Evaluation with
02/10/10: Follow-up Evaluation with
05/11/10: Follow-up Evaluation with
08/06/10: Follow-up Evaluation with
11/05/10: Follow-up Evaluation with
11/08/10: New Patient Consultation at
12/13/10: Lumbar Myelogram interpreted by
12/13/10: CT Lumbar Spine with Contrast interpreted by
12/20/10: Follow-up Evaluation with
01/12/11: Operative Report by

02/07/11: Follow-up Evaluation with
02/08/11: Follow-up Evaluation with
02/08/11: Millennium R.A.D.A.R.
04/25/11: Peer Review by
05/02/11, 05/20/11, 05/23/11, 05/25/11, 05/26/11, 05/31/11, 06/21/11, 06/23/11:
Therapy Notes by
05/06/11: Follow-up Evaluation with
05/19/11: Follow-up Evaluation with
05/26/11: Behavioral Medicine Evaluation at the
08/09/11: Follow-up Evaluation with
10/31/11: Follow-up Evaluation with
11/08/11: Follow-up Evaluation with
11/14/11: Follow-up Evaluation with
01/23/12: Follow-up Evaluation with
01/31/12: UR performed by
02/23/12: UR performed by

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on September 12, 1995 when she was leaning over a student's desk and felt a sudden severe radiating pain that pulsed up the back. The claimant had x-rays, CT scans, MRIs, Myelograms with post Myelogram CTs. She underwent chiropractic treatment, medications, and ESIs. On July 1, 1999, the claimant underwent a 360 fusion at L4/5 and L5/S1 by She then participated in a work hardening program and had continued chiropractic care. She had additional x-rays and MRI, and on December 11, 2002 a permanent spinal cord stimulator was implanted. Treatment continued with medicine management.

On September 5, 2007, Operative Report by Postoperative diagnosis: Depleted Synergy battery. Procedure: Removal and replacement of Synergy battery. Complex x2.

On November 13, 2009, the claimant had a follow-up evaluation with who noted she had chronic intractable back pain that remained fairly good with an average numeric score of 3/10. It was also noted her medications allowed her to continue to work. The following medications were prescribed/refilled: Norco 10/325, Trazodone 50 mg, and Lyrica 75 mg.

On February 10, 2010, the claimant had a follow-up evaluation with who noted she continued to do fairly well with her medication controlling her pain with an average numeric score of 3/10. The following medications were prescribed/refilled: Restoril 30 mg, Norco 10/325, Neurontin 600 mg, and Lyrica 75 mg.

On November 5, 2010, the claimant had a follow-up evaluation with who noted her right leg pain was becoming more severe. suggested she first have the stimulator checked and have adjustments made. If that proved inadequate, then he would order an EMG/NCS of the right lower extremity to identify any specific nerve root problem and if

positive follow that by a CT myelogram since she cannot have an MRI. Her lower back pain was a 4/10 and the leg pain was rated 6/10. The following prescriptions were refilled: Neurontin 600 mg, Lyrica 75 mg, and Restoril 30 mg.

On November 8, 2010, the claimant was evaluated by who reported that a representative reprogrammed the claimant's stimulator, however, even with getting coverage, the right lower extremity pain continued to persist. On physical examination her reflexes were 3+ and brisk over the patella and Achilles. Motor strength testing was 5/5. Sensation was within normal limits. Diagnosis: 1. Chronic intractable lower back pain, status post fusion, secondary to a work-related injury with ongoing complaints of right lower extremity radiculopathy. 2. Increased right lower extremity radiculopathy without fall or trauma with increased neurological decline. Plan: proceed with a lumbar CT myelogram. X-rays of the lumbar spine performed in the office revealed a 2-level well healed fusion at L4-5 and L5-S1 with presence of the spinal cord stimulator. Mild loss of disk height is present at L3-4. The remaining intervertebral disk heights were relatively well maintained.

On December 13, 2010, Lumbar Myelogram. Impression: successful lumbar myelogram.

On December 13, 2010, CT of the lumbar spine with contrast revealed: 1. 360 degrees lumbar fusion from L4 through S1 with hardware as described above. No central spinal stenosis or foraminal stenosis at these levels. 2. Central spinal stenosis at L3-4 secondary to ligamentum flavum hypertrophy, degenerative facet hypertrophy, and bulge of the posterior disk margin, with mild to moderate bilateral lateral recess narrowing. No high-grade foraminal stenosis at this level. 3. Stimulator device in the subcutaneous right buttock soft tissues with subcutaneous wires extending into the spinal canal at the T12 level lying dorsal to the thecal sac at this level.

On December 20, 2010, the claimant had a follow-up evaluation with who reported the adjustments to the stimulator helped, but she was still missing coverage through the right lower extremity. Her pain was rated 5/10 for the lumbar axial, right appendicular 6/10, left appendicular 4/10. Plan: Due to worsening of complaints, an epidural steroid injection at the L3-4 level was recommended.

On January 12, 2011, Operative Report by Postoperative diagnosis: 1. 724.2. 2. 996.40. 3. 75.52. 4. Bilateral lumbar radicular syndrome status post prior fusion L4 to the sacrum. 5. Failed back surgery syndrome with spinal cord stimulator implanted 7 years ago. Procedure: 1. Interlaminar epidural steroid injection. 2. Epidurography L3-4 fluoroscopic interpretation per no radiologist in attendance.

On February 7, 2011, the claimant had a follow-up evaluation with who reported that claimant had great relief for approximately two weeks following the ESI with 70% improvement. As of the office visit, the pain had reoccurred and she rated her pain 7/10. Plan: A repeat ESI at that level was recommended.

On May 19, 2011, the claimant had a follow-up evaluation with who reported she continued to have lumbar axial pain of 7/10, _____ right appendicular and left appendicular of 2-3/10. It was reported that her pain and discomfort was completely to the right lower extremity that radiates down the lateral side. On exam motor strength was 5/5, reflexes were 2+ and brisk in both the patella and Achilles bilaterally. Sensation was found to be within normal limits. Negative straight leg raise. Plan: The claimant wanted to avoid additional surgical intervention and further injections, she wanted alternate therapy. It was recommended she restart physical therapy and be referred to for chronic pain management. Additional consideration for revision of her spinal cord stimulator was also suggested.

On August 9, 2011, the claimant had a follow-up evaluation with who refilled the following medications: Neurontin 600 mg, Restoril 30 mg, and Norco 10/325.

On October 31, 2011, the claimant had a follow-up evaluation with who reported that a couple of weeks prior, the claimant leaned forward, reaching for something and that caused her to have severe lumbosacral pain that extended into her bilateral lower extremities. The claimant stated the pain went into her buttock and posterior lateral thigh, but not past her knee. On exam she had significant decreased range of motion especially with flexion. She had significant tenderness over her bilateral SI joints, right greater than left. Motor and sensation were intact in her bilateral lower extremities. Straight leg raising was negative. Her gait was antalgic although she did not need any walking devices. She favored her right lower extremity. Diagnosis: Bilateral sacroiliac joint dysfunction, right greater than left and also failed back surgery syndrome. Plan: Schedule a diagnostic sacroiliac joint injection without steroid. The reason being is that her pulmonary physician said she could not have any more steroid injections for the next 4 to 6 months. She had had multiple doses of steroids for a lung condition. The claimant also denied a visit with the Medtronics rep for any adjustments to the stimulator, as she felt it was working fine.

On November 8, 2011, the claimant had a follow-up evaluation with who reported that workers comp refused additional physical therapy treatment for the increasing right leg pain. He refilled the following medications: Neurontin 600 mg, Restoril 30 mg, and Norco 10/325.

On November 14, 2011, the claimant had a follow-up evaluation with who stated that she had two problems; she has bilateral sacroiliac joint dysfunction right greater than left as a result of transitional syndrome and leg complaints, which seemingly are worse. stated that the fusion was so long ago, that the sacroiliac joint dysfunction is what is causing her back complaints. That would need further investigation with diagnostic sacroiliac joint injections. For the leg complaints, he recommended a myelogram and post myelogram CT and an EMG/NCV of the lower extremities. On physical exam, stated she clearly showed positive FABERE 4, Gaenslen's, and femoral thrust, and had referred pain patterns into her groin.

On January 23, 2012, the claimant had a follow-up evaluation with who reported that the claimant continued to have lumbosacral pain that radiated into her right lower extremity. She used her spinal cord stimulator 8 to 12 hours a day, primarily at night to help her sleep. She manages her pain with Norco, Restoril, and Neurontin. Despite this, she continues to have right-sided pain consistent with right SI joint pain. Her pain ranges from 6/10 to 8/10. On exam, she had decreased range of motion of her lumbar spine with forward flexion. She had difficulty going from sitting to standing due to pain and stiffness. She had positive point tenderness over her right SI joint. It caused pain to radiate into her buttock and right posterior thigh. She had a positive FABERE 4 over her right SI joint. She also had a positive FABERE 4 over her left SI joint. This was while lying on the exam table. She needed help getting onto the exam table due to her pain and discomfort. She had a negative straight leg raise of her left and a positive straight leg raise of her right. Pain radiated from her right-sided lumbosacral region into her buttock and just above her knee. Motor and sensation was intact. She had a slow normal antalgic gait. Diagnosis: Worsening right sacroiliac joint dysfunction, bilateral lumbar radicular syndrome status post a fusion L4 to the sacrum, failed back surgery syndrome with a spinal cord stimulator, and probable left sacroiliac joint dysfunction as well. Plan: Proceed with a right SI joint injection to be done with steroid by

On January 31, 2012, performed a UR on the claimant. Rationale for Denial: As per report dated 11/14/11, the patient was noted to have bilateral sacroiliac joint dysfunction, in which the right is greater than the left as a result of transitional syndrome. The patient also complains of back pain. On physical examination, there is positive Fabere, Gaenslen's and femoral thrust. There is also referred pain into her groin. This is a request for sacroiliac joint injection on the right. A more recent detailed and comprehensive physical examination was not provided. There was no objective documentation of failure to other recommended conservative treatment, such as oral pharmacotherapy, a home exercise program, and Physical Therapy. The functional objective patient response through VAS pain scales and PT progress notes was not provided. Current guidelines only recommend this injection as option after documentation of failure of aggressive conservative therapy. Based on these grounds, the medical necessity for such procedure has not been substantiated.

On February 23, 2012, performed a UR on the claimant. Rationale for Denial: There was still no objective documentation regarding failure of response to evidence-based conservative modalities such as PT, injections, and medications. The patient has had several chiropractic therapies that was stated to made some improvement in alleviating the pain. The medication logs with VAS scoring were not stated. Hence, the medical necessity of the requested service has not been established.

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

The previous adverse determinations are overturned. The medical records provided indicate that the claimant suffers from SI joint pain right greater than left. On November 14, 2011, physical exam of the claimant found that she clearly showed positive FABERE 4, Gaenslen's, and femoral thrust, and had referred pain patterns into her

groin. On January 23, 2012, the claimant was examined by who found that she had positive point tenderness over her right SI joint which caused pain to radiate into her buttock and right posterior thigh. She had a positive FABERE 4 over her right SI joint. She needed help getting onto the exam table due to her pain and discomfort. She also had a positive straight leg raise of her right with pain that radiated from her right-sided lumbosacral region into her buttock and just above her knee. The claimants back and leg pain had been managed for years with a spinal cord stimulator and with medications, including Norco, Restoril, and Neurontin; however, she continued to have worsening right sacroiliac joint dysfunction. Additional physical therapy had been recommended to try to treat the condition; however the insurance company denied this. Therefore, it has been documented that the claimant has failed at least 4-6 weeks of aggressive conservative therapy. Based on the medical documentation provided, the claimant meets the ODG criteria for an Out Patient Sacroiliac Joint Injection Right 27096 77003-26.

ODG:

Sacroiliac joint injections (SJI)	Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy. See the Hip & Pelvis Chapter for more information, references, and ODG Criteria for the use of sacroiliac blocks.
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Sacroiliac joint blocks	<p>Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint.</p> <p><i>Innervation:</i> The anterior portion is thought to be innervated by the posterior rami of the L1-S2 roots and the posterior portion by the posterior rami of L4-S3.although the actual innervation remains unclear. Anterior innervation may also be supplied by the obturator nerve, superior gluteal nerve and/or lumbosacral trunk. (Vallejo, 2006) Other research supports innervation by the S1 and S2 sacral dorsal rami.</p> <p><i>Etiology:</i> includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma.</p> <p><i>Diagnosis:</i> Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen’s Test; Gillet’s Test (One Legged-Stork Test); Patrick’s Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the “diagnostic gold standard.” The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). (Schwarzer, 1995) There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Sacral lateral branch injections have demonstrated a lack of diagnostic power and area not endorsed for this purpose. (Yin, 2003)</p> <p><i>Treatment:</i> There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint block. If helpful, the blocks may be repeated;</p>
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however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. ([Forst, 2006](#)) ([Berthelot, 2006](#)) ([van der Wurff, 2006](#)) ([Laslett, 2005](#)) ([Zelle, 2005](#)) ([McKenzie-Brown 2005](#)) ([Pekkafahli, 2003](#)) ([Manchikanti, 2003](#)) ([Slipman, 2001](#)) ([Nelemans-Cochrane, 2000](#)) See also [Intra-articular steroid hip injection](#); & [Sacroiliac joint radiofrequency neurotomy](#).

Recent research: A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. ([Chou, 2009](#)) The latest AHRQ Comparative Effectiveness Report, covering Pain Management Interventions for Hip Fracture, concluded that nerve blockade was effective for relief of acute pain; however, most studies were limited to either assessing acute pain or use of additional analgesia and did not report on how nerve blockades may affect rehabilitation such as ambulation or mobility if the blockade has both sensory and motor effects. ([Abou-Setta, 2011](#))

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. ([Hansen, 2003](#))
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), 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.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

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**
- 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)**