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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/07/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpt Left Sacroiliac Joint Injection

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

M.D., Board Certified Pain Medicine

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

ODG

Utilization review determinations dated 03/29/12, 04/10/12, 01/24/12, 02/08/12

Follow up note dated 10/08/09, 04/09/10, 09/10/10, 12/20/10, 03/15/11, 07/18/11, 08/16/11, 10/01/11, 01/17/12, 03/22/12

Operative report dated 12/21/11

Radiographic report dated 12/20/10, 07/18/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. The earliest record submitted for review is a follow up note dated 10/08/09, which states that the patient presents for recheck of her spinal cord stimulator. The patient had bilateral transforaminal epidural steroid injection on 12/21/11. Note dated 01/17/12 states that the patient reports the epidural steroid injection did not help and made her worse. She had stents placed in both legs on 01/05/12. Note dated 03/22/12 states that on physical examination she has a positive Fortin finger test. Flexion and extension increase the patient's pain. Sitting root test is positive. Supine straight leg raising is positive. Reflexes are absent. Sensory and motor exam are grossly intact. Gaenslen's maneuver is markedly positive as is Yeoman maneuver.

On 03/29/12 the request for Outpt Left Sacroiliac Joint Injection was denied. The reviewer noted that there is no documentation that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT and home exercises and block will be performed under fluoroscopy. This denial was upheld on appeal dated 04/10/12 noting that updated documentation failed to address the foregoing issue. There is no objective documentation provided which shows the patient has recently undergone and failed a course of conservative treatment. Records did not indicate that the patient underwent recent physical therapy or any form of active rehabilitation, with progress reports showing lack of

functional improvement and pain relief.

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

There is no comprehensive assessment of recent treatment completed to date or the patient's response thereto submitted for review. There is no indication that the patient has undergone a recent course of physical therapy, and the patient's compliance with an active home exercise program is not documented. The ODG criteria for the requested procedure have not been met. Given the current clinical data, the reviewer finds the requested Outpt Left Sacroiliac Joint Injection is not medically necessary at this time.

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)