

# I-Decisions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/27/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

R SI joint injection, R L4-5, L5-S1 facet injection

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

M.D., Board Certified in Anesthesiology and Pain Management

**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 and Treatment Guidelines

Administrative papers, prior non-certification determination review dated 03/29/12

Second non-certification review dated 04/09/12

UR worksheet dated 03/27/12

UR worksheet dated 04/02/12 and report dated 04/09/12

Peer review dated 04/04/12 by MD

Progress notes from MD dated 03/20/12 and 02/20/12

Physical therapy re-evaluation dated 03/13/12

Procedure note dated 12/16/11.

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female with a reported date of injury of xx/xx/xx. Her low back was injured when the claimant was lifting boxes of fruit. There is mention in claim notes of a lumbar MRI dated 09/20/11 with impression of degenerative disc disease with mild broad based disc bulge at L3/4 and L4/5 but no canal stenosis or neural foramina narrowing (these findings noted essentially the same as several years prior). There is a procedure report dated 12/16/11 that indicates that bilateral L4/5, L5/S1 facet injections were performed. A progress note per Dr. on 02/20/12 also mentions that bilateral L4/5 and L5/S1 facet blocks were also performed back in April of 2009 and then put into work hardening and PT (this predates this injury and is related to a prior similar injury). From the recent blocks, the claimant is reporting 80% better and is to begin PT on 02/21/12. There is a physical therapy re-evaluation dated 03/13/12. This states significant improvement since beginning PT. Pain is rated 7-8/10. On exam, there is tenderness to right SI joint and L2-5 spinous processes. ROM at bilateral hip and knee is WNL. There is a positive distraction test and SLR. Lumbar AROM flexion is 80% w/ right side back pain, extension is 90% w/ right side back pain, sidebending is 90% on right w/ right pain, 80% on left w/ right pain, rotation is 100% on right and 90% on left w/ right

pain. Muscle strength at hip flexion is 4 on right, 5 on left, hip abduction is 3+ on right and 4 on left, sitting 4 on right and 5 on left, quads 4 on right and 4+ left, hamstrings 4 on right and 4+ on left, dorsiflexion at 5 bilateral. The follow up visit on 03/20/12 states that facet blocks did not improve her pain and PT made it worse. This focal pain is located in right L5/S1 region and also in the SI joint region. Physical exam is brief and states that right leg is about 1.0-1.5cm shorter than left. There is some pelvic obliquity and plus or minus Faber's maneuver positivity on the right. There is pain with extension and rotation to the right at L5/S1. A records review and peer review appears to have been done on 04/04/12 per MD. He opines that the only other treatment expected at this time is to finish certified physical therapy and, if needed, may utilize NSAIDs and/or muscle relaxers per ODG recommendations. It is also stated that this injury appears to represent an irritation of a pre-existing condition.

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

There was discrepancy noted in reporting of facet block and PT efficacy. However, the notes from Dr. on 03/20/12 state that prior facet blocks did not improve the claimant's pain and the PT re-evaluation indicated significant improvement in therapy and objective exam reveals only minor deficits remaining in ROM abilities. It appears that in regard to the SI joint on the right there are ongoing pain complaints and some positive testing to include a positive Faber's. It does not appear that other, SIJ specific testing was found to be positive. Furthermore, per ODG, SI joint blocks are not to be performed on the same day as facet joint injection, ESI, transforaminal ESI or medial branch blocks. The recent peer review per Dr. also does not support additional services as requested. It is the opinion of the reviewer that the requested R SI joint injection, R L4 5, L5 S1 facet injection is not supported as medically necessary by the clinical information provided for review.

**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)