

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/02/2012

**IRO CASE #:**

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

outpatient right sacroiliac joint injection

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

M.D., Board Certified Orthopedic Surgery

**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

Request for IRO dated 04/18/12

Utilization review determination dated 03/29/12

Utilization review determination dated 04/10/12

Procedure report lumbar epidural steroid injection dated 12/07/04

Procedure report lumbar myelogram dated 01/05/05

Procedure report caudal epidural steroid injection dated 01/18/05

Report of lumbar discography 11/07/05

Radiographic report lumbar spine dated 03/08/06

Operative report dated 03/08/06

Clinic notes Dr. dated 03/19/07-03/24/11

MRI lumbar spine dated 03/22/11

Clinical records Dr. dated 05/02/11-02/08/12

Procedure report facet injections dated 09/20/11

Physical therapy treatment records various dates

Clinical records Dr. dated 02/15/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who injured his low back on xx/xx/xx. He slipped and fell while stepping off a pickup truck. He had a course of lumbar epidural steroid injections without improvement. On 11/07/05 the claimant had lumbar discography and was reported to have had concordant pain at L4-S1 level. He had placement of Charite artificial disc on 03/08/06. Postoperatively on 03/19/07 it was reported by Dr. that the claimant is not taking any pain medications, working without limitations, uses 75 lb jack hammer and is able to jump on trampoline with his children. Physical examination is normal. Radiographs showed no evidence of migration collapse or failure of artificial disc. On 02/25/11 the claimant was seen

in follow-up by Dr.. He is reported to have recently had aggravation of back pain that started a couple of days ago without a precipitating event. His physical examination is unremarkable. He was given prescriptions for Medrol DosePak, Flexeril, and Hydrocodone. He was taken off work for one week. Radiographs showed no migration or collapse of artificial discs. The claimant was seen in follow-up by Dr. on 03/11/11 and is reported to have 4/5 strength in bilateral anterior tibialis, EHL, and gastrosoleus. He is reported to have positive tension signs. He was referred for MRI of lumbar spine. This study performed on 03/22/11 notes facet hypertrophy left greater than right at L4-5. At L5-S1 there is severe metallic artifact likely indicating prosthetic disc. There is mild facet hypertrophy without gross central spinal or neural foraminal stenosis seen. The claimant was subsequently referred for facet injections at L4-5 and L5-S1. Records indicate the claimant was further referred for physical therapy.

Records indicate the claimant ultimately underwent L4-5 and L5-S1 facet blocks on 09/20/11. The claimant was seen in follow-up on 10/04/11 and reported no improvement with facet joint blocks. He was recommended to undergo right lower extremity EMG/NCV study. This was not approved under utilization review. On 02/13/12 the claimant was seen by Dr. Dr. notes that on 11/01/11 there was a request for bilateral sacroiliac joint injections. To the best of the claimant's knowledge these were never done. He reports having low back pain worse than leg pain. He currently reports a pain level of 9/10. Dr. notes that the claimant reports 9/10 pain when he sits. However, during the course of examination he sits quietly with no fidgeting whatsoever. He has no difficulty going from a sitting to a standing position. He reports that his best pain level is 7/10. His current weight is 306 pounds, which he finds to be unreasonable. On physical examination he was reported to be 6'3" tall and weighs 306 pounds. He is reported to have difficulty from going seated to standing. Once erect, he walks off. He tends to stagger a bit, catches his balance and walks with a limp on the right. He is noted to have a rather histrionic response to asking to walk on his toes and heels. He is able to forward flex to his fingertips just below the knees with no complaints of accentuated radicular complaints. He stands erect without climbing up his thighs. Extension is immediately met with back pain. Right and left lateral bending are less than 5 degrees. He notes that the claimant has 4/5 Waddell's signs. He is reported to have a positive Faber for positive Galen and fort and finger sign on the right. Dr. notes that the claimant has a supratentorial component to his pain complaint, which needs further elucidation. He is to be referred to Dr. for assessment. He notes that the disc device is functioning properly. He does not have heterotopic ossification or effusion of that segment and there is no further degradation of the spine above. He is reported to clearly have right sacroiliac joint dysfunction. He notes that the claimant is deconditioned with significant obesity. He was again recommended to undergo sacroiliac joint injection.

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

The submitted clinical records indicate that the claimant is status post an L5 or L4-S1 artificial disc placement performed in 2005. Post-operatively the claimant was noted to have significant relief until he developed an exacerbation of his back pain. The claimant has undergone repeat MRI which shows no evidence of pathology. Plain radiographs showed no evidence of subsistence or collapse of the disc space. The claimant is noted to have 4/5 positive Waddell's signs making him a poor candidate for interventional procedures. The submitted clinical records do not indicate that the claimant has exhausted conservative management prior to the consideration of injections. There is no indication that the claimant has undergone a focused course of physical therapy or a course of physical therapy that is focused on the sacroiliac joint. There is no indication that the claimant has undergone a trial of a sacroiliac joint belt and therefore at present despite objective findings on physical examination the claimant would not meet criteria per Official Disability Guidelines for the performance of this procedure. The reviewer finds that medical necessity is not established for outpatient right sacroiliac joint injection at this time.

#### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

- 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)