

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed outpatient bilateral sacroiliac joint injections

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2, 722.10, 724.4	outpatient bilateral sacroiliac joint injections		Prosp	1			Xx/xx/xx	WC2854958	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO19 pages

Respondent records- a total of 59 pages of records received to include but not limited to:
TDi letter 9.27.12; letters 8.30.12, 9.19.12; records 8.24.12; WC profile, patient verification sheet;
MRI Lumbar spine 6.21.11; Neuro EMG, PA report 7.27.2011; FCE report 11.15.11

Requestor records- a total of 24 pages of records received to include but not limited to: xxxxx Notice of IRO; Test form; records 8.24.12; WC profile, patient verification sheet; MRI Lumbar spine 6.21.11; Neuro EMG, PA report 7.27.2011; FCE report 11.15.11
Treating provider records- a total of 18 pages of records to include but not limited to: Patient insurance sheet; copy of license and insurance card; Patient information sheet; BCBS letter 7.13.11; Referral request form 7.13.11; progress notes 7.25.10-8.2.11; Waiver 7.25.11

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with a copy of the xxxxx, lumbar spine MRI. Disc bulging is noted at multiple levels as well as degenerative facet changes from L2 through S1. Additionally, disc desiccation is noted at L3-L4 through L5-S1.

This was followed with a lower extremity electrodiagnostic assessment. This testing suggested a bilateral L5 radiculopathy and a right sided S1 radiculopathy. Nerve conduction testing was also reported as normal and these findings were consistent with L5 and S1 radiculopathy and a possible tarsal tunnel syndrome.

A functional capacity evaluation was completed. It was noted that the injury was to the lumbar spine. The current complaints at that time were to the low back associated with cramping and shooting sensations into the right lower extremity.

completed a consultation on August 23, 2012. It was noted that the patient had sustained an injury one year prior to date of this evaluation. The mechanism of injury was noted as being involved in an altercation with an inmate resulting in a low back injury. The injured employee participated in a pain management protocol "for quite some time". It is indicated that an attempt to obtain epidural steroid injections was made; however, these were not certified in the preauthorization process. A participation in a pain program is noted, further a Designated Doctor evaluation noted that maximum medical improvement was reached and a 10% whole person impairment rating assigned. It is also noted that there has been no dispute about the extent of injury. The physical examination noted the injured employee to be 6'7" 419 pounds. The BMI is noted to be 47.37. The patient is diabetic. Lumbar range of motion is reported to be 50% of normal and straight leg rising was positive on the right. A slight decrease is noted to the motor function in the lower extremity. Faber test is positive as is Gaenslens test. felt that the assessment included sacroiliac joint dysfunction. It appears that the assessment of indicates that the extent of injury is more than the lumbar spine soft tissue injury and the noted radiculopathy. felt that a sacroiliac joint injection was needed for both diagnostic and therapeutic purposes. Additionally, facet joint pain is noted and this also might require steroid injections.

The request for preauthorization of the bilateral sacroiliac joint injections was not certified. It was noted that the injured employee had completed more than 160 hours of a chronic pain program, that the injury was more than 16 months prior to date of this evaluation and that only two of the required three positive examination findings was reported. A reconsideration of this request was performed and secondary to the requirements outlined in the Official Disability Guidelines, this was not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines there are multiple tests to be performed prior to endorsing such an injection. In this case, only two of the three required tests

were completed thereby failing to meet the standard. Additionally, after more than 16 months it is felt that there was a sacroiliac joint sprain however this disregards the massive obesity and body habits of the injured employee. In that there were complaints of low back and leg pain it is clear that the compensable injury was limited to a lumbar spine radiculopathy alone and that any findings addressing the sacroiliac joint appear to be addressing ordinary disease of life degenerative changes and not the compensable event. Furthermore, the documentation of aggressive conservative therapy directed at the sacroiliac joint dysfunction and other conservative measures had not been performed. Lastly, one cannot disregard the objectified pathology or a noted in the lumbar spine and that such would not support the sacroiliac joint injections requested.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)