

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 19, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed left SI joint Fusion Body (27280, 77003, 22899)

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 orthopedic surgery 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
722.10	27280		Prosp	1			Xx/xx/xx	xxxxx	Upheld
724.4	77003		Prosp	1			Xx/xx/xx	xxxxx	Upheld
724.3	22899		Prosp	1			Xx/xx/xx	xxxxx	Upheld

TDI-HWCN-Request for an IRO- 28 pages

Respondent records- a total of 124 pages of records received to include but not limited to: TDI 7.29.13; Pre-Auth Request form; Minimally Invasive Institute records 8.26.11-5.31.13; records 9.23.11-6.17.13; record 8.3.11; TNR, MRI Lumbar Spine 1.9.13; Imaging, Lumbar MRI 3.11.11; EMG/NCV report 10.18.12; report 4.23.13; Operative Report 11.18.1; Request for an IRO forms; TPA letter 6.11.13, 6.24.13

Requestor records- a total of 0 pages of records received to include but not limited to: 1st Request for records sent 7.29.13; 2nd Request for records sent 8.13.13; No records received

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee reportedly sustained an injury to the low back region on xx/xx/xx. was originally diagnosed with sprain/strain of the lumbar spine and lumbar radiculitis. An initial MRI study of the lumbar spine was accomplished on March 11, 2011. The MRI study documented a disc bulge with subarticular recess stenosis and loss of disc height at the L3-L4 level. Disc bulging and facet hypertrophy were also noted at the L4-L5 level. Facet joint injections at the bilateral L4 through S1 levels were accomplished on August 26, 2011, and resulted in reported 100% pain relief times four days. This was followed by a left-sided rhizotomy procedure at the L3 through S1 levels on November 18, 2011. Following the left-sided rhizotomy procedure, the injured employee reported increased subjective complaints of left leg radicular symptoms. A transforaminal epidural steroid injection was accomplished for the left leg radicular symptoms and resulted in improvement in the leg pain complaints. Electrodiagnostic studies were accomplished on October 18, 2012, and were noted to be normal. On November 9, 2012, a new diagnosis of sacroiliac joint dysfunction was made with the physical examination findings documenting a positive Fabere test. A left sacroiliac joint injection was accomplished on November 29, 2012, which reportedly resulted in two months relief of symptoms. An MRI study the lumbar spine was repeated on January 9, 2013. The MRI study documented disc desiccation, disc bulging, and facet arthropathy at the L2 through L5 levels. Moderate central canal stenosis was also noted at the L3-L4 level. The injured employee was most recently evaluated on May 31, 2013, with complaints of back pain and pain into the bilateral hips. The physical examination findings documented tenderness to palpation over the greater trochanteric region. Tenderness to palpation over the bilateral sacroiliac joints was also noted. Range of motion of the lumbar spine documented forward flexion to 30° or 40° and extension to 5°, with pain. A mildly positive straight leg raise test on the left was noted. A positive Fabere test was noted bilaterally along with the positive thigh compression test on the left. Strength testing in the lower extremities was graded at 5/5 except for the left gastrocnemius-soleus which was graded at 4/5. Due to 50% relief and reduction in pain following the sacroiliac joint injections, a left sacroiliac joint fusion was being recommended. Previous requests for this procedure were not certified due to lack of imaging studies, minimal physical examination findings, and lack of lower levels of care being exhausted. The request was felt to not be supported by the ODG, and now an IRO has been requested for the left sacroiliac joint fusion request.

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 (ODG) sacroiliac joint fusions are not recommended, except as a last resort for chronic or severe sacroiliac joint pain. The surgery has been reported to result in benefit in selected cases, but no high quality studies have been conducted on sacroiliac joint fusion. The largest of the related studies was conducted with 20 carefully selected patients. The trial concluded that sacroiliac joint fusion might be a safe, well tolerated, and successful procedure, leading to significant improvement in functional outcome and a high fusion rate. Indications for sacroiliac joint fusion is noted to include failure of non-operative treatment, chronic pain lasting for years, a diagnosis confirmed by pain relief with intra-articular sacroiliac joint injections, and imaging studies supporting the diagnosis (ODG, Hip and Pelvis chapter, updated June 12, 2013). The injured employee underwent several treatments for back pain complaints and left leg radicular symptoms. All of the procedures that have been accomplished resulted in some improvement in symptoms other than the rhizotomy procedure of the facet joints which resulted in increased leg radicular symptoms. At this point, the true pain generator has not been clearly identified. There are no imaging studies documenting any

instability or abnormality of the sacroiliac joint. The medical records did not support that any lower levels of care such as physical therapy, anti-inflammatory medications, or a rhizotomy procedure to the sacroiliac joint have been accomplished. The injured employee has not failed all available non-operative treatment for the sacroiliac joint pain complaints. Significant improvement in symptoms was also noted with the transforaminal epidural steroid injections. The imaging studies were more consistent with symptoms stemming from the lumbar spine and not the sacroiliac joint. It should also be noted, that the most recent physical examination findings on May 31, 2013, only documented two positive sacroiliac joint physical examination findings. Based on treatment guidelines there must be documentation of at least three positive physical examination findings. The previous non-certifications were reviewed and were based on similar rationale including no imaging studies, minimal physical examination findings, and lack of lower levels of care. The treating provider has not provided any additional information that would result in an overturn of the previous non-certification. The request for the left sacroiliac joint fusion does not meet the ODG and is noncertified.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES