

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/29/2013

IRO CASE #:

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** one (1) outpatient transforaminal (TF) epidural steroid injection (ESI) at the L5-S1 level and one (1) left sacroiliac (SI) joint injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Anesthesiology and 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for one (1) outpatient transforaminal (TF) epidural steroid injection (ESI) at the L5-S1 level and one (1) left sacroiliac (SI) joint injection is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines  
Utilization review determination dated 06/03/13, 07/03/13  
Handwritten note dated 05/24/13, 04/26/13, 06/24/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. Note dated 04/26/13 indicates that the patient complains of pain in the lower back and left leg. The patient is taking Norco and Lyrica. The date of the patient's last injection is listed as May 2012. The patient underwent L5-S1 fusion on 03/18/13. Note dated 05/24/13 indicates that there is decreased sensation down the left leg. Note dated 06/24/13 indicates that the patient complains of low back pain by the tailbone and the back of the left leg.

Initial request for transforaminal epidural steroid injection L5-S1 and one left sacroiliac joint injection was non-certified on 06/03/13 noting that the patient did not meet success criteria from prior epidural steroid injections as documented in the record. The case does not meet the requisite criteria for radiculopathy for an epidural steroid injection. Radiculopathy must be documented. Objective findings on examination need to be present. AMA criteria for radiculopathy are not met. Also, a triad of SI signs are not met. The denial was upheld on appeal dated 07/03/13 noting that the records were inconsistent and notes indicate a fusion at L5-S1 on 03/18, but there is documentation that fusion was denied on 02/05/13. The last epidural steroid injection was May 2012. 30% relief occurred with the duration of the relief not specified. On 11/18/11 an epidural steroid injection was performed which provided 30-40% relief. No time period is specified. EMG shows left S1 radiculopathy. There is positive

Faber S1 laxity and tenderness over the joint.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on xx/xx/xx; however, there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted records consist of three handwritten notes, the earliest from April 2013. It appears that the patient underwent surgical intervention in March 2013, and there is no documentation provided regarding postoperative treatment provided to date. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy or sacroiliac joint dysfunction. There are no imaging studies/electrodiagnostic results submitted for review. The Official Disability Guidelines note that sacroiliac joint injections should not be performed on the same date as lumbar epidural steroid injections. As such, it is the opinion of the reviewer that the request for one (1) outpatient transforaminal (TF) epidural steroid injection (ESI) at the L5-S1 level and one (1) left sacroiliac (SI) joint injection is not recommended as medically necessary.

**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)