

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Sacroiliac Joint Injection, under fluoroscopy

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

Anesthesiology/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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

IRO referral documents

Notice of denial of pre-authorization dated 12/10/12

Notice of reconsideration dated 12/20/12

Pre-authorization request dated 12/05/12

Office notes (various providers) dated 07/27/10 – 12/04/12

Office notes dated 11/29/10 – 12/17/10

Physical performance evaluation dated 11/29/10

Psychological diagnostic interview and testing dated 11/29/10

Operative report left sacroiliac joint injection dated 10/13/10

Radiology report intraoperative localization (ALIF L4-5) dated 01/25/10

Pre-authorization appeal request dated 12/17/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his low back on xx/xx/xx while lifting. The claimant is noted to be status post L5-S1 fusion performed in 2000 and L4-5 fusion performed on 01/25/10. The claimant also underwent a left sacroiliac joint injection on 02/13/10. The claimant is status post left SI joint rhizotomy performed in 06/11. The claimant was most recently seen on 12/04/12 with complaints of increasing low back pain. It was noted that the claimant was known to have perineural fibrosis. He was taking Norco, Baclofen, and Norvasc. Physical examination revealed the claimant to be 73" tall and 225 lbs. He sits

comfortably. He has difficulty acquiring a full, upright position when getting out of a chair. Gait is balanced. Pelvis is level with the floor. Paravertebral muscles are tender on the left. Straight leg raising is normal bilaterally. Upper and lower extremity strength is symmetrically present in all muscle groups. Upper and lower extremity reflexes are symmetrically present and normal. Light touch is normal for all cervical and lumbar dermatomes. Fortin finger test is negative to the right. The claimant was recommended to undergo a left SI injection.

A notice of denial of pre-authorization dated 12/10/12 indicated that the request for a left SI joint injection under fluoroscopy was not authorized as medically necessary. It was noted that the claimant has had extensive interventional injections including SI joint injections, epidural steroid injections, and facet blocks and never received any significant long-term benefit. There has never been any significant increase in functionality or significant decrease in use of medications. Therefore, the request was recommended for denial as it was not medically necessary or reasonable.

A notice of reconsideration dated 12/20/12 indicated that a reconsideration request for a left SI joint under fluoroscopy was not authorized as medically necessary. It was noted that the claimant underwent lumbar fusion in 2000 with adjacent segment fusion in 2010. A left sacroiliac joint rhizotomy was performed in 06/11. The claimant reported that symptoms were coming back and also reported having bilateral leg pain. Heat and cold and massage improved the back, but physical activities made it worse. Physical examination documented that the claimant was sitting comfortably, with difficulty acquiring a full upright position when getting out of the chair. He was able to stand erect, gait was balanced, and pelvis was level to the floor. Paravertebral musculature was tender on the left. Straight leg raise was normal bilaterally with no issues. Lower extremity strength was symmetric and present in all muscle groups. Reflexes were symmetric and normal. Sensation to light touch was normal in all lumbar dermatomes. It was noted that there was no documentation of significant function or decreased use of pain medications with left sacroiliac joint rhizotomy, length of time of success, and amount of pain relieved from injections. It was noted that there should be documentation of four to six weeks of conservative therapy including physical therapy, home exercise program, and medication management prior to sacroiliac joint block, there should be at least six weeks of pain relief with greater than 70% pain relief to support repeat injections. It was noted that the most recent examination did not objectify sacroiliac joint tenderness nor had there been any recent home exercise program or therapy directed to the sacroiliac joint. It was determined that the request for left sacroiliac joint injection was not medically supported.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The claimant is noted to have sustained an injury to the low back in xxxx. He has undergone two lumbar surgeries with L5-S1 fusion in 2000 and L4-5 fusion in 2010. The claimant has also undergone extensive injections including sacroiliac joint injection, epidural injections, and facet blocks, as well as the left sacroiliac joint rhizotomy in 06/11 which reportedly provided relief. There is no documentation of the extent and duration of relief obtained with previous sacroiliac joint injection or with sacroiliac joint rhizotomy. The current or most recent examination did not document at least three positive findings on examination indicative of sacroiliac joint dysfunction such as cranial shear test, extension test, flamingo test, fort and finger test, Gaenslen's, Patrick/Faber, or pelvic compression test. There is no documentation that the claimant has had and failed at least four to six weeks of aggressive conservative therapy including physical therapy, home exercise program and medication management prior to proceeding with sacroiliac joint injection. There should be documentation that the claimant obtained at least six weeks of relief with at least 70% pain relief to support repeat injections; however, no such documentation was provided. Based on the clinical data provided, it is the opinion of this reviewer that medical necessity has not been established for the proposed left sacroiliac joint injection times one under fluoroscopy.

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)