

IRO REVIEWER REPORT TEMPLATE -WC



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Notice of Independent Review Decision

Date notice sent to all parties: 1/18/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Sacroiliac Joint Injection with Fluoroscopic Guidance with local anesthetic and corticosteroid

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

Texas Licensed, Board Certified in Physical Medicine & Rehabilitation, Orthopedic/Occupational Medicine, and Internal 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 12/13/12 Denial letter
2. 9/27/12 Dr. follow-up evaluation and fax
3. 12/6/12 Dr. follow-up evaluation
4. 12/10/12 Dr. addendum
5. 12/17/12 Dr. office note

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a woman with history of chronic left buttock pain and left leg pain. She has had left buttock and left thigh pain radiating to the left foot according to notes by Dr. dated 12/8/2012. She has tried Lyrica and hydrocodone. Notes reflect that she also takes metformin which is a diabetes medication and levothyroxine for thyroid replacement. Diabetes mellitus and hypothyroidism are not listed on the problem list. She takes Detrol LA for presumed urinary symptoms although this is not addressed in any submitted notes or past medical history.

Although the claimant has been by Dr., the listed date of injury is not noted in any of the office visit notes submitted for review. There is no information related to the claimant's mechanism of injury or prior back surgery. The date of prior back surgery and any additional follow-up is not included in the office visit notes for review.

(There is a prior review note which indicates the following - the patient is a female who sustained an industrial injury on xx/xx/xx associated with a MVA She is status post laminectomy at L5-S1, spinal cord stimulator and laminectomies L3-L5 with fusion L3 to S1 prior to the date of injury. Treatment has included oral medications, ESI/facet injections x 8 up to 2010 and left SI joint injection on June 15, 2011. The patient underwent lumbar facet L5-S1 and bilateral SI joint injections on December 23, 2011 as well as a transforaminal ESI at L5 and S1 on the left on March 26,2012. A prior peer review completed on October 1, 2012 non-certified the request for bilateral sacroiliac joint injections based on the rationale that the records failed to demonstrate positive objective findings supporting a diagnosis of SI joint

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dysfunction. In addition, it was noted that the patient previously underwent three SI joint injections.)

The medical report dated December 10, 2012 by Dr. is submitted for review. This states that the patient reports most severe pain in the left buttock and lower extremity to the foot that is rated a 3-8/10. The patient's leg feels weak and gives out. Objective findings revealed that the patient walks with an antalgic gait, positive Kemp's test for facet mediated pain, tenderness to palpation along the L5/S1 facet joints bilaterally, positive Patrick's and Gaenslen's bilaterally reproduces severe concordant pain, sacroiliac joint palpation revealed exquisite tenderness bilaterally, 4+/5 to the left quadriceps, EHL and gastrocsoleus, decreased sensation on the left L5 and S1 nerve root distribution, and diminished reflexes. The patient was diagnosed with chronic pain syndrome, lumbar radiculitis and sacroiliitis. The treatment plan recommends a left side sacroiliac joint injection.)

The available notes indicate that the claimant has already undergone 3 prior sacroiliac joint injections in 2011 including 6/15/2011, 11/04/2011, and 12/23/2011.

Her clinical and functional status post injections is not addressed. There are no short and long term goals noted.

There are no physical therapy or rehabilitation notes submitted for review. There is no information regarding claimant performing a self supervised home exercise program.

There is nothing in the medical records reviewed which addresses the patient's current functional status, return to work status, ability to do activities of daily living, instrumental activities of daily living, or work activities.

There is no comment on the patient's pain level using a pain rating scale.

The multiple office visit notes from Dr. during 2012 are reviewed. The physical examination findings are similar between office visits with no serious orthopedic or neurologic deficits or progressive neurologic dysfunction. The claimant has been treated with Lyrica and hydrocodone. Other adjunctive medications and treatment strategies are not addressed however in the office visit notes.

There are no notes which address her pre-existing history of diabetes mellitus or any systemic complications including neuropathy.

There are no imaging study reports included for review. There are no recent back or hip x-ray reports. There is no sacroiliac joint imaging included for review.

There are no emg / nerve conduction studies or neurology specialty evaluation notes available for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL

BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Given the information presented, unable to certify the medical necessity and appropriateness of left sacroiliac joint injection.

This determination is consistent with ODG guidelines and other standard reference textbooks.

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

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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**
- 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):** 2008 Delisa: Rehabilitation Medicine 5/E, 2010 Lippincott Williams & Wilkins, Braddom: Physical Medicine And Rehabilitation 4/E, 2010 W B Saunders Company., Sawark: Essentials of Musculoskeletal Care 4/E, 2010 American Academy

of Orthopedic Surgery