

Notice of Independent Review Decision

**DATE OF REVIEW: 07/22/2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right S1 joint injection 27069 77003

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the right S1 joint injection 27069 77003 is not medically necessary to treat this patient's condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 07/11/13
- Notification of Adverse Determination/Partial– 06/11/13
- Notification of Reconsideration of Adverse Determination– 06/25/13
- Notice of Disputed Issue(s) And Refusal To Pay Benefits– 06/26/13
- Peer Review– 06/26/13
- Request for Reconsideration from Dr.– 06/13/13
- Office Visit Notes by Dr.– 05/15/13 to 05/29/13
- Report of MRI of the Lumbar Spine – 05/23/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured employee suffered a fall over chairs on xx/xx/xx. He suffered a direct blow with injuries to the right buttock, right elbow and shoulder. The patient has a past history of lumbar interbody fusion at L4-L5 performed in 2011. Solid fusions at these levels have been confirmed radiographically. Retrolisthesis at L2-L3 and L3-L4 is evident on MRI scan. He complains of pain radiating into his right leg to his right foot. Physical findings include SLR test positive on the right and FABER's testing was positive. The patient has been treated with activity modification, NSAID and muscle relaxant medication. He continues to have back and leg symptoms and there is a request for the patient to undergo right S1 joint injection 27069 77003.

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

The criteria for approval of this request include the requirement for 3 positive tests of sacroiliac joint dysfunction. Only one test (FABER's) is reported positive in the medical record documentation. Multiple potential pain generators are present and have not been investigated. There is an indication that physical therapy was ordered; however, there is no documentation that the therapy was provided. In the absence of medical record documentation including 3 physical findings of sacroiliac joint dysfunction, adequate investigation of other potential pain generators and adequate documentation of appropriate conservative treatment, adverse determination is respectfully recommended.

**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)