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Notice of Independent Review Decision

Date notice sent to all parties: 07/12/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left SI joint injection

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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.

Left SI joint injection - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Reports from dated 01/23/12, 04/23/12, 05/24/12, 06/22/12, 07/23/12, 09/05/12, 09/20/12, 11/02/12, 12/18/12, 12/28/12, 01/30/13, 04/15/13, and 05/31/13
Reports from dated 02/15/12, 03/14/12, 04/20/12, 07/30/12, 09/10/12, 11/29/12, 01/18/13, 02/05/13, 03/12/13, 04/30/13, and 06/12/13

Notices of Adverse Determinations dated 05/06/13 and 05/22/13
Undated treatment history
The Official Disability Guidelines (ODG) were provided

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on 01/23/12. The patient had complaints of lumbar pain from a date of injury of xx/xx/xx. Her current medications were Lunesta, Hydrocodone, and Lyrica. The impressions were a lumbar herniated nucleus pulposus and lumbar radiculitis. A urine drug screen was requested and Lortab, Lunesta, and Lyrica were refilled at that time. examined the patient on 02/15/12. The patient had pain across the lower lumbar region. The active problem list included lumbosacral spondylosis without myelopathy, lumbosacral radiculitis NOS, sacroilitis, facet arthropathy/syndrome, muscle weakness, bursitis NOS, low back pain, and lumbosacral spondylosis. The patient was noted to be 5 feet 6 inches tall and weighed 136 pounds. There was significant muscle spasms in the lumbar spine and vertebral spine tenderness and spasms present bilaterally. There was also SI joint tenderness bilaterally, but more so on the left than the right. There was facet joint tenderness bilaterally at L4-L5 and L5-S1. Straight leg raising was negative bilaterally. Motor strength was 4/5 in the bilateral quadriceps and hamstrings, and there was paresthesias at the distribution of the left L5. Naprelan, Robaxin, Lyrica, and Lortab were continued and Savella was prescribed at that time. On 04/20/12, the patient informed P.A. the majority of pain was in the left side of her low back. She had a past medical history for high blood pressure, heart murmur, and depression. Her examination was essentially unchanged. Her medications were refilled and Savella was continued. It was noted her pain appeared to be from the bilateral SI joint. On 07/30/12, the patient informed she had not been seen since April and had been prescribed a compound cream for pain management with the goal of reducing her narcotics. She was also trying to get approval for injections. She had pain in the left SI joint that radiated to her toes in the left leg. She had numbness, tingling, and weakness in the left leg and fell frequently, but she had no bowel or bladder dysfunction. She had stopped Savella because she did not like how it made her feel. Lortab, Robaxin, and Naprelan were refilled and Savella was stopped. Lyrica was also refilled. It was noted the patient's pain appeared to be coming from the left SI joint and an injection was requested. On 11/02/12, examined the patient at It was noted she had one injection pending and her medications of Hydrocodone, Lyrica, and Lunesta were refilled at that time. On 11/29/12, the patient continued with pain in the lower back that radiated to the back of the left thigh. She felt tingling in the left thigh, as well as numbness and cramping in the left toes. She had tenderness over the bilateral SI joint, greater on the left than the right in the bilateral lumbar facets. Paraspinal muscle spasms were present in the lumbosacral area. Forward flexion was 60 degrees, backward bending was 20 degrees, right rotation was 30 degrees, and left rotation was 30 degrees. Motor strength was 5/5 bilaterally. The assessments were sacroilitis, lumbosacral spondylosis without myelopathy, lumbosacral radiculitis NOS, and bursitis. A left SI joint injection was recommended at that time. Lyrica, Robaxin, and Lortab

were refilled, and Naprelan was continued. On 01/18/13, performed a left SI joint injection. On 01/30/13, followed up with the patient. She had moderate low back pain and noted she had received the injection the day before. She had pain radiating to the left leg and she had difficulty sleeping due to pain. It appeared Cymbalta and Flexeril and two other illegible medications were prescribed at that time, as well as physical therapy three times for one week. On 02/05/13, the patient informed that it took about a week before she noted relief from the SI joint injection, but she had at least 40% relief of her pain. Her examination was essentially unchanged. Lortab, Robaxin, and Naprelan were continued and Lyrica was also refilled. The patient was asked to return in four weeks' time. On 03/12/13, the patient returned. She had pain across the lower back with radiation to the left toes and she seemed to be noticing more pain in the left knee recently that was on the outside of the knee. She had stopped Cymbalta after one days' use due to significant nausea. There was mild tenderness at the bilateral SI joint, more so on the left than the right. Forward bending was 60 degrees, backward bending was 20 degrees, and bilateral rotation was 30 degrees. Motor strength was 5/5. Ms. felt the patient appeared to have pain related to lumbar facet arthropathy and sacroilitis that was currently being managed with oral medication. Lortab, Robaxin, Naprelan, and Lyrica were refilled at that time. On 04/30/13, the patient attributed her increasing pain to frequently bending over and twisting at work to Mr. Another left SI joint injection was recommended at that time and her medications were refilled. On 05/06/13, on behalf of, provided an Adverse Determination Letter for the requested left SI joint injection. On 05/22/13, also on behalf of, provided a non-authorization for the repeal of the requested left SI joint injection. The patient returned on 06/12/13. It was noted her low back pain had been severe and increasing since her last visit and it had gotten so severe she had gone to the emergency room for treatment. She noted typically her pain did not radiate down her legs, but was localized. Her current medications were Robaxin, Lortab, Flexeril, Metoprolol, Amlodipine, Lyrica, and Naprelan. Motor strength was 4/5 in the right quadriceps and hamstrings, and the left quadriceps and hamstrings. There was paresthesias at the distribution of left L5. Deep tendon reflexes were 2+ at the bilateral knees and ankles. The assessment was sacroilitis, lumbosacral spondylosis without myelopathy, lumbosacral radiculitis NOS, and bursitis NOS. Her anti-inflammatory medication was switched from Naprelan to Zipsor and another left SI joint injection was recommended at that time. Lortab, Robaxin, and Lyrica were refilled.

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

The requested left sacroiliac joint injection is neither reasonable nor necessary in accordance with the recommendations of the ODG. The patient had a physical examination performed by the pain management practitioner that was positive for multiple eponymous sacroiliac signs that are said to be positive for sacroilitis. The examination had none of these findings and in fact diagnosis was radiculopathy (itself a contraindication to sacroiliac injections). The patient had a sacroiliac injection that was performed on 01/18/13. The medical records indicate that she

had 40% relief that lasted approximately one week. The injection that performed included Depo-Medrol, as well as the local anesthesia. The ODG indicates that if an individual has a steroid block at a sacroiliac joint, a positive response is six weeks of over 70% relief. The patient did not achieve this pain relief and therefore she does not meet the criteria for a repeat injection. Therefore, the requested left SI joint injection does not meet the criteria of the ODG and the previous adverse determinations should be upheld at this time.

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 KNOWLEDGBASE
- 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)