

# AccuReview

An Independent Review Organization  
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## Notice of Independent Review Decision

**[Date notice sent to all parties]:** June 1, 2013

**IRO CASE #:**

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

Bilateral Sacroiliac joint injection

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 16 years of experience.

### **REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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:**

09-18-12: MRI Lumbar Spine at Diagnostic Imaging dictated by MD  
11-13-12: Letter of Medical Necessity at Institute, PA dictated by MD  
11-27-12: NCV & EMG at Diagnostics dictated by MD, DABPMR  
01-03-13: History completed by claimant for Minimally SpineCare  
01-10-13: Office Visit dictated by MD  
02-12-13: Report of Medical Evaluation dictated by MD

02-21-13: Report of Medical Evaluation at TDI signed by MD  
02-21-13: Texas Workers' Compensation Status Report signed by, MD  
03-07-13: Clinic Visit at Institute, PA dictated by MD  
03-20-13: Office Visit at Health Services dictated by FNP  
03-20-13: Treatment Request at Minimally Invasive SpineCare dictated by MD  
03-25-13: Pre-Certification Request dictated by MD  
03-28-13: UR performed by MD  
04-11-13: Pre-Certification Appeal dictated by MD  
04-18-13: UR performed by DO  
04-19-13: Office Visit at Health Services dictated by DO  
04-19-13: Texas Workers' Compensation Status Report signed by, DO  
05-10-13: Office Visit at Enviva Health Services dictated by DO  
05-10-13: Texas Workers' Compensation Status Report signed by, DO

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female that suffered a work-related injury on while lifting a 100-pound dog with the help of another person, who was sedated, from a lower table to a higher table. She felt a "pop" in her lower back.

09-18-12: MRI Lumbar Spine dictated by MD. Impression: 1. L1-2: normal. 2. L2-3, L4-5: broad 1 mm disc bulge. 3. L3-4: broad 1-2 mm disc protrusion. 4. L5-S1: 2 mm right paracentral protrusion with mild thecal sac stenosis and potential right S1 nerve root impingement with posterior displacement. 5. There are facet joint effusions at L2-3, L3-4, L4-5 and L5-S1, indicative of acute facet joint irritation and lumbar facet syndrome.

11-13-12: Letter of Medical Necessity dictated by MD. The claimant has suffered from pain that has kept her from working for several months and trialed several prescriptions strength pain medications and antiinflammatories without relief. Claimant would benefit from a trial of oral diclofenac extended release.

11-27-12: NCV & EMG dictated by MD, DABPMR. Claimant presented with complaints of lower back pain and stiffness with limited ROM and pain on motion that is all through the day. She has had some neurosensory changes in the left lower extremities, including tingling and numbness in the left inguinal and proximal left lower leg, only on the anterior portion not the posterior portion, crossing the midline in a dermatomal pattern. Impression: 1. There is no electrical evidence for lumbar radiculopathy. 2. There is no electrical evidence for a lower extremity neuropathy. 3. Normal needle EMG and nerve conduction study of the lumbar spine and left lower extremity.

01-03-13: History completed by claimant for Minimally SpineCare. Chief complaint: back and leg pain, present in the left thigh and back. Pain is worse while sitting and standing with increased pain when bending forward. Current medications: Tramadol 50mg 1-2 tabs PO Q4-6 hours, Etolodac 300mg PO TID, Flexeril 10mg PO QHS, Klonopin 1mg PO BID prn.

01-10-13: Office Visit dictated by MD. Since the time of injury, the claimant has received physical therapy with some improvement, pain medication and anti-inflammatory medication which have not relieved symptoms. She rates her lower back pain at 6/10 and constant, with exacerbation of symptoms with bending and prolonged sitting and standing and moving from sit-to-stand position. She does have significant radiating pain down her legs though she will have some pain that can radiate to her halos of her left thigh. PE: ROM of the lumbosacral spine is restricted for flexion, extension and right and left side bending. There is pain elicited with forward flexion and extension and extension with right and left rotation. Musculoskeletal: There is lumbar paraspinal spasm, tenderness in the lower portion of the lumbar spine at L4-5 and L5-S1. There is bilateral SI joint tenderness. Straight leg raise is positive bilaterally, FABERs and Patrick test is positive on the left. Assessment: 1. Low back pain. 2. Lumbar facet pain. 3. Bilateral left greater than right sacroiliitis. Plan: Recommend scheduling right and left L4-5 and L5-S1 lumbar facet injections.

02-12-13: Report of Medical Evaluation dictated by MD. Summary and Comments: Diagnosis: 1. Lumbar strain/sprain 847.2, 2. Lumbar radiculitis 724.4, 3. Left leg paresthesias 782.0. Return to Work: Claimant can return to work with the following restrictions: standing and sitting for 4 hours; kneeling/squatting, bending/stooping, pushing/pulling, twisting, walking and climbing stair/ladders for 2 hours; may not lift/carry objects more than 15 pounds. After completion of a comprehensive evaluation, the claimant was found to have not reached MMI. Basically, the claimant is unchanged since last examination, and she stated worsening with increased low back pain and pain in the left groin with pinprick sensations in the left lateral anterior thigh. Pending: 1. Injections by Dr.. 2. Accomplishing the work hardening program recommendations by DC.

03-07-13: Clinic Visit dictated by MD. Claimant is seen today for follow-up after lumbar facet injections two weeks ago, which she did not receive any appreciable relief. After review of pain diary, pain is unchanged and reported at 6-7/10 currently with episodes of severe pain while doing dishes. The pain can radiate from her lower back upwards. PE: ROM of the lumbosacral spine is restricted for flexion, extension, and right and left side bending. Musculoskeletal: there is lumbar paraspinal spasm. There is left greater than right sacroiliac joint tenderness. FABERs test is positive bilaterally. Assessment: 1. Low back pain; 2. Bilateral sacroiliitis; 3. Lumbar facet pain. Plan: Recommend bilateral sacroiliac joint injections, as she did not get significant relief after the lumbar facet injections.

03-20-13: Office Visit dictated by FNP. Chief complaint: lower back pain 8/10. Claimant reported the when bending forward to pick up objects, her back starts to lock up, and when she sits longer than 20 minutes her back starts to hurt. PE: ROM: decreased flexion 50 degrees, decreased extension 20 degrees, positive Kemp's bilaterally. Lumbar spine PSM muscle hyper tonicity. Claimant had 1<sup>st</sup> facet injection 2/27/13 which helped minimally and claimant reported to be frustrated due to continued pain, reporting pain medication isn't helping. PT or

injection hasn't helped so far. Referral to pain management. Diagnosis: Lumbar facet syndrome, lumbar radiculitis. Plan: F/U with Dr. for facet injection; F/U 4 weeks; referral to pain management. RX: Tramadol 50mg, Etodolac 300mg, Flexeril 10mg.

03-28-13: UR performed by MD. Reason for denial: Sufficient physical exam findings consistent with sacroiliac joint mediated pain are NOT documented, therefore, do not meet ODG criteria for sacroiliac joint blocks, Non-authorization of this request is recommended.

04-11-13: Pre-Certification Appeal dictated by, MD. The claimant has received one lumbar joint injection four weeks prior with no relief. Her pain level continues at 6-7/10. She has exhausted all lower levels of care including physical therapy and medication care. Treatment note stated there is left greater than right sacroiliac joint tenderness. MRI shows protrusions. Recommend bilateral sacroiliac joint injections. Goal for the patient: reduce pain; reduce inflammation, possible avoidance of surgery.

04-18-13: UR performed by DO. Reason for denial: The MD failed to document significant or sufficient SI findings so fails to meet ODG criteria for an SI injection. ODG requires the documentation of these positive provocative maneuvers which is not provided in these clinical notes. Recommend an adverse determination.

05-10-13: Office Visit dictated by DO. Claimant complains of LBP 7-8/10. PE: no changes noted in symptoms. Positive SI joint dysfunction bilaterally. Diagnosis: Lumbar fact syndrome, SI joint dysfunction. Recommend bilateral sacroiliac joint injections.

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

Denial of Bilateral Sacroiliac Injections is upheld/agreed upon. After reviewing the medical records and documentation provided, the submitted clinical information does not meet ODG criteria for physical findings suggestive of SI joint as the pain generator. Therefore, the request for Bilateral Sacroiliac joint injection is not considered medically necessary and is denied.

Per ODG:

Sacroiliac joint blocks	<p><b>Criteria for the use of sacroiliac blocks:</b></p> <ol style="list-style-type: none"><li>1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).</li><li>2. Diagnostic evaluation must first address any other possible pain generators.</li><li>3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.</li><li>4. Blocks are performed under fluoroscopy. (<a href="#">Hansen, 2003</a>)</li><li>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.</li><li>6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least &gt; 70% pain relief recorded for this period.</li><li>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 &gt;70% pain relief is obtained for 6 weeks.</li><li>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.</li><li>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.</li></ol>
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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)**