



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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1-800-426-1551 | 715-552-0746  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

**DATE OF REVIEW:** 2/22/2013

**IRO CASE #:**

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

Bilateral sacroiliac joint injections

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 2/6/2013,
2. Notice of assignment to URA 2/4/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 2/6/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/6/2013
6. Adverse determination 1/18/2013, 11/26/2012, Scripts for orders 11/19/2012, work comp profile, patient information at back institute, office visit notes 11/16/2012, utilization review information 10/30/2012, office visit notes 9/20/2012, follow-up letter 7/9/2012, 5/18/2012, operative report 6/5/2012, radiography report 6/5/2012, medical notes 4/19/2012, follow-up letter 2/2/2012, operative report 1/10/2012, radiography report 1/10/2012, follow-up report 12/6/2011, radiology report 11/29/2011, follow-up report 8/25/2011, behavioral medicine evaluation 7/22/2011, follow-up report 7/11/2011, 6/2/2011, operative report 5/20/2011, radiography report 5/20/2011, follow-up report 5/2/2011, medical notes 4/12/2011, follow-up report 4/11/2011, electrodiagnostic study 4/7/2011, follow-up report 3/15/2011, plan of care 3/15/2011, daily note 3/1/2011, 2/22/2011, follow-up report 2/17/2011, operative report 2/15/2011, radiography note 2/15/2011, daily note 2/8/2011, plan of care 2/8/2011, re-evaluation 2/8/2011, daily note 2/3/2011, plan of care 2/2/2011, initial evaluation 2/2/2011, radiology report 1/28/2011,



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consultation 1/28/2011, radiology report 1/28/2011, pain diagram 1/28/2011, previous treatment notes 1/28/2011.

### **PATIENT CLINICAL HISTORY:**

The patient is a male and has been noted on xx/xx/xx to have persistent back and leg pain with paresthesia and numbness into the leg and foot bilaterally. The patient is noted to be status post therapy and continues to be markedly symptomatic. The patient is status post anterior, posterior lumbar fusion and L4-L5 and L5-S1 done in August of 2011 with continued back pain and radiation in the lower extremities. The exam findings have revealed anterior tibialis strength of 5- and the "FABER test is positive to the right and positive to the left" was noted. Electrical studies were noted to be unremarkable. Hardware blocks bilaterally in June of 2012 had only minimal symptomatic improvement. Exam findings were "concerning for bilateral sacroiliac joint dysfunction" and the patient was felt to have an indication for sacroiliac joint injections. It was noted that the he is "status post bilateral sacroiliac joint injections without significant symptomatic improvement. The proposed sacroiliac injections were felt to be as a "palliative and diagnostic treatment." Additional prior records from the treating provider were also reviewed including procedure notes of the hardware block from June of 2012 along with the electrical studies from April of 2012 with aforementioned results. The record from 02/02/2012 revealed that after the bilateral sacroiliac joints from 01/10/2012, "He states that they really did not help. In fact, if anything, he felt that the sacroiliac injections may have made his pain worse... "

Therapy records were reviewed and submitted and the MRI report from 01/28/2011 revealed bilateral pars defect at L4 among other degenerative findings including grade 1 to 2 spondylolisthesis of L5 on S1.

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

The patient has had prior sacroiliac joints bilaterally without significant improvement, in fact with worsening. The ODG criteria with regard to an indication for facet injections, has not been met. Specifically, ODG criteria indicates, that for an individual to have an indication for sacroiliac joint injections, at least 3 positive exam findings must typically be documented and in this case only 1 positive exam finding. The FABER test has been documented. With the patient's overall findings not meeting the ODG guidelines for sacroiliac joint injections and with an adverse history with regard to the prior injections, in addition, the patient at this time does not have an indication for the requested bilateral sacroiliac joint injections and the prior denials in are appropriate.

The denial for the services is upheld.



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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)