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Notice of Independent Review Decision

**November 1, 2013**

**IRO CASE #:**

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

OP sacroiliac injection with fluoro 27096, 99144, 72100

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

Board Certified Pain Management Physician

**REVIEW OUTCOME:**

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

Partially Overturned (Agree in part/Disagree in part)

Medical documentation partially supports the medical necessity of the health care services in dispute.

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:**

- Utilization reviews (09/19/13, 10/11/13)
- Office visits (06/18/13 – 09/16/13)
- Diagnostic (06/25/13)
- Procedure (09/09/13)
- Letters (08/20/13, 09/16/13, 10/01/13)
- Utilization reviews (09/19/13, 10/11/13)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who on xx/xx/xx, felt a sharp pain in his right lower back that shot down his right leg.

On June 18, 2013, the patient was evaluated at for lumbar strain/radiculopathy. The therapist noted that the patient had decreased core strength, increased pain

and impaired mechanics and lumbar muscle spasm. The patient was able to do exercises without complaint of increased pain but he reported pain localized to the right greater trochanter. Diagnoses listed were lumbar strain and radiculopathy. The patient reported that the pain over the weekend was localized to right greater trochanter. He performed lifting floor/waist/floor 20#/40# with minimal complaints of discomfort at end range from floor. He demonstrated good mechanics. The patient had attended eleven sessions of physical therapy (PT). He was recommended therapy from June 17, 2013, through September 15, 2013, consisting of therapeutic exercises, manual therapy, electrical stimulation and therapeutic activities. He was recommended therapy two times a week per session.

On June 25, 2013, magnetic resonance imaging (MRI) of the lumbar spine without contrast showed: (1) Degenerative retrolisthesis at L5-S1. (2) At L5-S1, there was degenerative disc space narrowing with retrolisthesis. There was disc desiccation with symmetrical disc bulge. There was no annular tear or lateralizing focal disc herniation. (3) At L4-L5, there was mild disc space narrowing with partial desiccation of the disc substance. There was fissuring in the posterior annulus with mild symmetrical disc bulge. The bulging disc material mildly narrowed the subarticular recesses but did not appear to impinge the crossing L5 nerve roots.

On August 14, 2013 an orthopedic surgeon, evaluated the patient for right-sided low back pain. Functional impairment was moderate but when present it interfered only with some daily activities. The pain was present constantly. The patient complained of aching pain in the right inguinal region and in the posterior and lateral aspect of the right hip. Examination of the lumbar spine showed tenderness off midline only on the right in the paraspinous muscle that was severe. Flexion was full to 75 degrees but with severe low back pain on the right only. Extension produced severe low back pain on the right. Straight leg raise (SLR) was positive on the right producing back pain. diagnosed lumbar spondylosis, facet arthropathy and lumbar pain. He continued the current medications and recommended medial branch blocks (MBBs).

On August 20, 2013, a letter was sent regarding the request for authorization for injections of the patient.

On September 9, 2013, performed right L4-L5 and L5-S1 MBBs.

On September 16, 2013, noted that the patient's pain down the right leg had improved. However, the patient reported aching and inflammation on the right side of the low back. Examination of the lumbar spine showed restricted flexion with moderate low back pain on the right side only. There was mild-to-moderate tenderness of the right side of the sacroiliac (SI) joint. FABER test produced pain in the SI area on the right side. diagnosed improved facet arthropathy, improved lumbar pain and right sacroiliitis. He recommended continuing current medications and undergoing an SI joint injection.

Per utilization review dated September 19, 2013, the request for urgent OP SI injection with fluoro 27096, 99144 and 72100 was denied based on the following rationale: *"The patient is a male who was injured on xx/xx/xx. He is currently diagnosed with sacroiliitis, facet arthropathy, and lumbar pain. A request was made for a sacroiliac (SI) joint injection. Lumbar x-rays and MRI have been done. He is also noted to have completed 12 PT visits from April 29, 2013, to June 21, 2013, with pain persisting over the right hip. He then had a right L4-L5 and L5-S1 medial branch block on September 9, 2013, with improvement of pain down the right leg. On September 16, 2013, he presented for a follow-up evaluation with complaints of low back pain. His current medications include HCTZ. The physical examination showed tenderness over the right SI joint, pain over the sacroiliac area on FABER test, normal motor strength, intact sensation, symmetric deep tendon reflexes (DTRs), and negative SLR test. However, documentation of at least three positive tests for SI joint dysfunction was not provided in order to suggest the SI joint as a pain generator in this case. It was also discussed that there is not consistent clinical presentation of SI dysfunction or trial of appropriate conservative care aimed at that. Medical necessity is, therefore, not established."*

On October 1, 2013, an appeal was made to the determination on September 19, 2013, for outpatient injection. requested a peer-to-peer review of the case in order to expedite the care of the patient.

Per reconsideration review dated October 11, 2013, the request for urgent OP SI injection with fluoro 27096, 99144 and 72100 was denied based on the following rationale: *"The patient is a male who reported a work related injury to his lumbar spine on xx/xx/xx. The patient was diagnosed with sacroiliitis, facet arthropathy, and lumbar pain. An appeal for sacroiliac (SI) joint injection has been made. The request was previously denied since there was no documentation of at least three positive tests for SI joint dysfunction or trial of appropriate conservative care. There is an updated documentation submitted for review including a MRI of the lumbar spine dated **May 25, 2013**, which showed L4-L5 and L5-S1 degenerative bulging discs. The patient was initially treated with medications and completed 12 PT visits from April 29, 2013, to June 21, 2013. On August 14, 2013, follow-up, he complained of right lower back pain. Physical examination on that visit showed tenderness over the right paraspinous muscles. There was full range of motion with pain. There was a positive straight leg raise test on the right. He underwent a right L4-L5 and L5-S1 medial branch blocks on September 9, 2013, which provided relief of pain on the right leg. The recent medical record dated September 16, 2013, indicates that the patient continues to experience low back pain. Current medication regimen includes hydrochlorothiazide. Physical examination revealed tenderness over the right SI joint, pain over the sacroiliac area on FABER test, normal motor strength, intact sensation, symmetric deep tendon reflexes, and negative straight leg raise test. While the patient has low back pain, the records submitted for review did not contain specific objective findings such as three positive provocative tests to support the diagnosis of sacroiliac joint dysfunction and warrant the injection procedure. In agreement with the previous determination, the medical necessity of the request has not been substantiated. Given all the above the request for URGENT: OP Sacroiliac Injection w/Fluoro 27096, 99144, 72100 is non-certified."*

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

Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy.

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.

In this setting, the patient has had at least 4-6 weeks of aggressive conservative therapy including PT, HEP and medication management. The previous reviews denied treatment due to lack of 3 exam findings of sacroiliac joint pain. After review of PE findings, 9/16/2013, it is noted that: the patient had pain on the right with forward flexion, which is essentially what is done for a standing flexion test, pain over the sacroiliac joint, which describes a Finger Fortin Test and a positive FABERS test. In my opinion these three tests meet the criteria as outlined by the ODG. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology as in this case. In conclusion, the sacroiliac joint injection is recommended under the ODG. However, 72100 is not necessary and is not recommended.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR  
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**