

US Resolutions Inc.

An Independent Review Organization
3267 Bee Caves Rd, PMB 107-93
Austin, TX 78746
Phone: (361) 226-1976
Fax: (207) 470-1035
Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left sacroiliac joint fusion

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Neurosurgery

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 health care service in dispute. It is the opinion of this reviewer that medical necessity for left sacroiliac joint fusion is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical records 11/29/10-12/17/10
Psychological evaluation 11/29/10
Physical therapy report 11/29/10
Radiographs lumbar spine 01/25/10
Clinical records 07/27/10-06/03/13
Procedure report 10/13/10
Procedure report 05/01/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient was status post lumbar fusion in xxxx. The patient continued to report post-operative low back pain and pain over the left sacroiliac joint. Prior procedures included selective nerve root blocks in 2010 and left sided sacroiliac joint on 10/13/10. The patient reported relief of sacroiliac joint symptoms following this injection. Further injections were done in 02/11 at the sacroiliac joint and the patient was recommended for sacroiliac joint rhizotomy in 05/11. Following rhizotomy the patient reported pain relief and symptoms were controlled by Norco approximately three to six per day. There were further recommendations for left sacroiliac joint injections which were ultimately performed on 05/01/13. Follow up on 06/03/13 stated that the patient had complete relief of symptoms following the injection but returned to baseline pain. Per the clinical record physical examination findings were positive for antalgic gait. There were positive Fortin finger signs, Yeoman test, and Faber signs. The patient was recommended for a left sacroiliac joint fusion at this visit. The request for left sacroiliac joint fusion was denied by utilization review on 06/21/13. The review indicated that there was no indication that the patient was able to decrease medication usage following sacroiliac joint injections or rhizotomy procedures. Procedure was not recommended due to the limited findings and evidence within clinical literature and lack of documentation regarding recent anti-inflammatory use. The request was again denied by utilization review on 07/25/13

as there was no data supporting sacroiliac joint fusion.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing complaints of sacroiliac joint pain to the left side. The patient had response to prior sacroiliac joint injections and sacroiliac joint rhizotomy. Clinical documentation however does not indicate whether the patient was able to reduce medication usage during the effective period of his rhizotomy procedure as previously noted by utilization review. Although the patient had good response to sacroiliac joint injections on 05/01/13 it does not appear that the patient has reasonably exhausted all lower levels of care.

Per guidelines sacroiliac joint fusion is recommended as a procedure of last resort and given that the patient had prior benefits from sacroiliac joint infusion and sacroiliac joint rhizotomy it is unclear why this procedure was not considered again for this patient. Due to the lack of clinical literature and evidence in clinical literature supporting that sacroiliac joint fusion results in any significant long term results it would be prudent for the patient to completely exhaust all lower levels of care including sacroiliac joint rhizotomy which was previously beneficial before considering further sacroiliac joint infusion. As such it is the opinion of this reviewer that medical necessity for left sacroiliac joint fusion is not established and the prior denials are upheld.

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

ACOEM-AMERICA 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)