



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
Independent.Review@medworkiro.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 4/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral SI joint injections.

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

Texas State Licensed MD Board Physical Medicine and Rehabilitation/Pain Medicine

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

PATIENT CLINICAL HISTORY:

The claimant was injured in a motor vehicle accident. He was rear-ended. At the time of injury, the claimant had axial low back pain with associated left buttock pain. Pain was 75% in the back and 25% in the buttock. CT of the lumbar spine post-discography at the time of injury revealed most of his pathology being at L5-S1, revealing a foraminal annular tear and 3 mm foraminal subligamentous disk herniation, with impingement of the left S1 nerve root and narrowing of the inferior left neural foramen. No right-sided stenosis. L4-5 and L3-4 levels were essentially unremarkable on this (CT of the lumbar spine post-discography). He had diagnostic SI blocks and facet injections performed. On the note dated April 16, 1997, the physician revealed that as an anesthetic response, the claimant received no relief from blockade at either of these 3 levels, including the left L4-5, L5-S1, and sacroiliac joint that were performed on April 1, 1997.

There is a gap in documentation between his time with the physician in 1997 and an office visit note by another physician on February 12, 2014. Essentially, there has been no interval trauma per documentation or incident. His symptoms have essentially stayed the same. In this note, the physician states that there is no documentation available from after the injection that addresses



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the sacroiliac joint. In his office visit note, the patient continues to have low back pain, described as persistent, with 8/10 on a visual analog scale, with shooting pain that goes into his left leg, with associated paresthesias in the left leg. There has been suggestion on previous office visit notes that there was in fact sensory loss in the S1 dermatome on the left.

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

In the physician's office visit note on February 21, 2014, he reports that there is no documentation suggesting the claimant's response of the SI injection. However, documents clearly state that the left SI injection, even at the anesthetic phase, did not give the claimant any benefit. Given that over the years that have passed, there has been no new traumatic incidents or significant change in his pain pattern. Again, it was clearly documented that this SI joint had failed in its duty to either diagnostically reveal even temporary or transient benefit or long-term therapeutic benefit. Therefore, there is not any real value in repeating a similar injection. What can be said is that this claimant continues to have axial load back pain with some signs of radicular pain and associated paresthesias, with some history of a dermatomal sensory loss. He has S1 nerve root impingement on scans and post CT discogram and annular fissure at that level.

This would be reasonable and would be a diagnostic epidural steroid injection on the left symptomatic side to address both the compressive and the chemical radiculopathy. He certainly has met criteria to move forward with these. This is another recommendation in the setting of this claimant's chronic pain. He has met criteria per ODG to move forward with an epidural steroid injection, and this would be considered the next reasonable option, in my opinion. However, again, to restate, since he has already had an SI injection with clear documentation that it did not give him any benefit, either in the immediate diagnostic phase or the therapeutic phase later on, this decision is upheld as non-certified.

The denial for these services is upheld

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



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- 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)