



INDEPENDENT REVIEW INCORPORATED

DATE: 07/21/14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 07/21/14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffer low back pain

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Sacroiliac joint injections, left, x 1

REVIEW OUTCOME:

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

- X** Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
720.2	01992 77003 27096 J2250 J3301		Prosp.				Xx/xx/xx Xx/xx/xx Xx/xx/xx Xx/xx/xx Xx/xx/xx		Upheld Upheld Upheld Upheld Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Independent Review forms
2. records
3. Letter, 07/08/14
4. forms
5. 05/29/14, preauthorization request, history and physical examination, 05/15/14, documenting epidural steroid injections, sacroiliac injections, and anesthesia, 06/05/14, 06/12/14 and 05/15/14
6. 05/06/14
7. DWC073 form, 05/06/14
8. Physical therapy daily notes, 04/17/14 and 04/16/14
9. MRI scan, lumbosacral spine 05/02/14
10. request outcome, 06/03/14
11. appeal outcome, 06/19/14
12. IRO assignment forms and records (there is an admixture of records with the claimant names; it would appear that this claimant has been treated under two names – there is no specific reason for the admixture of medical records)

PATIENT CLINICAL HISTORY (SUMMARY):

**P. O. Box 787
Elgin, TX 78621-0787
Phone: 512.218.1114
Fax: 512-287-4024**

The claimant is a male who was on xx/xx/xx. He stumbled and fell on his back and buttocks, more to the left side than to the right. He has had low back pain that interferes with activity. He is unable to walk or stand for more than 30 minutes or to sit for more than 30 minutes. He has been treated with Naprosyn and Robaxin. It would appear he has received two sessions of physical therapy. He has been able to resume normal work at full duty/full time. He received an epidural steroid injection, sacroiliac joint injection, and anesthesia on 05/15/14. Request for payment for these services was denied. It was appealed and denied.

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

The medical records do not document intensive conservative noninvasive treatment. He has received only two sessions of physical therapy as opposed to the standard protocol for low back pain and sacroiliac joint pain. **The medical records are an admixture of records, which is bothersome and there is no explanation for the admixture of the two records.** It would appear that the request for the sacroiliac joint injection, if submitted prior to the service being performed, would have been denied. As such, nonpayment for such services is appropriate and should be upheld.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)