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Notice of Independent Review Decision

[Date notice sent to all parties]:

01/02/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: injection procedure for sacroiliac joint, anesthetic/ steroid, with image guidance (fluoroscopy or CT) including arthrography when performed.

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

Upheld (Agree)

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:

MRI of the lumbar spine dated 02/28/13
MRI of the right wrist dated 03/06/13
Therapy note dated 03/13/13
Clinical note dated 03/20/13
Clinical note dated 05/20/13
Clinical note dated 06/19/13
Clinical note dated 07/17/13
Electrodiagnostic studies completed on 08/05/13
Clinical note dated 09/18/13
Clinical note dated 10/21/13
Adverse determinations dated 10/14/13 & 11/01/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back when she had a fall and landed on her buttocks. The MRI of the lumbar spine dated 02/28/13 revealed a spondylosis and a slight bulge at L4-5 with a mild to moderate disc bulge with central canal stenosis at L5-S1. Mild foraminal narrowing was also noted at L5-S1. The therapy note dated 03/13/13 mentions the patient having completed 7 physical therapy sessions to date. The clinical note dated 03/20/13 indicates the patient complaining of numbness and tingling in the left lower extremity radiating from the left buttocks. The patient rated the pain as 6/10. Slight decreased sensation was noted at the left anterior lateral thigh and the dorsum of the left foot. The note mentions the patient having a positive Gaenslen's test and a positive Fabre's test on the left. The clinical note dated 05/20/13 mentions the patient reporting a 30-40% reduction in pain following a caudal epidural injection on 04/23/13. Upon exam, the patient was able to demonstrate 30 degrees of lumbar flexion with 10 degrees of extension. The clinical note dated 06/19/13 mentions the patient having minimal strength deficits in the left gastrocnemius. The clinical note dated 07/17/13 mentions the patient having complaints of tenderness upon palpation at the left greater trochanter and the left side of the SI joint. The electrodiagnostic studies completed on 08/05/13 revealed evidence of an L3 and L4 radiculopathy on the left. The clinical note dated 09/18/13 mentions the patient complaining of 6/10 pain. The patient stated that 60% of the pain was in the lower extremities and 40% in the back. The clinical note dated 10/21/13 mentions the patient continuing with 40 degrees of lumbar flexion and 10 degrees of extension. Tingling and paresthesia were noted at the left lateral thigh and shin. The patient was recommended for an SI joint injection at that time.

The utilization review dated 10/14/13 resulted in a denial for an SI joint injection as no information was submitted confirming the patient's SI joint involvement outside of a positive Fabre's test.

The utilization review dated 11/01/13 resulted in a denial for an SI joint injection as a diagnostic evaluation was incomplete regarding pain generators in the SI joint.

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

The documentation submitted for review elaborates the patient complaining of low back pain with radiation of pain into the lower extremities. An SI joint injection would be indicated provided the patient meet specific criteria to include 3 positive findings of provocative testing and the patient is noted to have completed a 4-6 week course of conservative therapy. There is mention in the clinical note regarding the patient having a positive Fabre's test; however, no other information was submitted confirming the patient's SI joint involvement. Additionally, the patient is noted to have undergone 7 physical therapy sessions to date. However, it is unclear as to the patient completing a 4-6 week course of conservative treatments. As such, it is the opinion of this reviewer that the request for a sacroiliac joint injection with image

guidance is not recommended as medically necessary.

IRO REVIEWER REPORT TEMPLATE -WC

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Sacroiliac joint blocks

Recommended as an option if failed at least 4-6 weeks of aggressive conservative therapy as indicated below. Sacroiliac dysfunction is poorly defined and the diagnosis is often difficult to make due to the presence of other low back pathology (including spinal stenosis and facet arthropathy). The diagnosis is also difficult to make as pain symptoms may depend on the region of the SI joint that is involved (anterior, posterior, and/or extra-articular ligaments). Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is not thought to be from the SI joint.

Innervation: The anterior portion is thought to be innervated by the posterior rami of the L1-S2 roots and the posterior portion by the posterior rami of L4-S3. although the actual innervation remains unclear. Anterior innervation may also be supplied by the obturator nerve, superior gluteal nerve and/or lumbosacral trunk. (Vallejo, 2006)
Other research supports innervation by the S1 and S2 sacral dorsal rami.

Etiology: includes degenerative joint disease, joint laxity, and trauma (such as a fall to the buttock). The main cause is SI joint disruption from significant pelvic trauma.

Diagnosis: Specific tests for motion palpation and pain provocation have been described for SI joint dysfunction: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). Imaging studies are not helpful. It has been questioned as to whether SI joint blocks are the "diagnostic gold standard." The block is felt to show low sensitivity, and discordance has been noted between two consecutive blocks (questioning validity). (Schwarzer, 1995)
There is also concern that pain relief from diagnostic blocks may be confounded by infiltration of extra-articular ligaments, adjacent muscles, or sheaths of the nerve roots themselves. Sacral lateral branch injections have demonstrated a lack of diagnostic power and area not endorsed for this purpose. (Yin, 2003)

Treatment: There is limited research suggesting therapeutic blocks offer long-term effect. There should be evidence of a trial of aggressive conservative treatment (at least six weeks of a comprehensive exercise program, local icing, mobilization/manipulation and anti-inflammatories) as well as evidence of a clinical picture that is suggestive of sacroiliac injury and/or disease prior to a first SI joint

block. If helpful, the blocks may be repeated; however, the frequency of these injections should be limited with attention placed on the comprehensive exercise program. (Forst, 2006) (Berthelot, 2006) (van der Wurff, 2006) (Laslett, 2005) (Zelle, 2005) (McKenzie-Brown 2005) (Pekkafahli, 2003) (Manchikanti, 2003) (Slipman, 2001) (Nelemans-Cochrane, 2000) See also Intra-articular steroid hip injection; & Sacroiliac joint radiofrequency neurotomy.

Recent research: A systematic review commissioned by the American Pain Society (APS) and conducted at the Oregon Evidence-Based Practice Center states that there is insufficient evidence to evaluate validity or utility of diagnostic sacroiliac joint block, and that there is insufficient evidence to adequately evaluate benefits of sacroiliac joint steroid injection. (Chou, 2009) The latest AHRQ Comparative Effectiveness Report, covering Pain Management Interventions for Hip Fracture, concluded that nerve blockade was effective for relief of acute pain; however, most studies were limited to either assessing acute pain or use of additional analgesia and did not report on how nerve blockades may affect rehabilitation such as ambulation or mobility if the blockade has both sensory and motor effects. (Abou-Setta, 2011)

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.

PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

TEXAS TACADA GUIDELINES

TMF SCREENING CRITERIA MANUAL