

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: December 22, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SI Joint Injection (4 units) CPT-27096

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

This physician is Board Certified in Rehabilitation and Physical Medicine with over 23 years of experience.

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:

10-28-08: Review Summary

01-31-13: Follow up Visit

02-22-13: MRI of the Lumbar Spine W/WO Contrast at MRI & Diagnostic

03-14-13: Follow up Visit

05-28-13: Office visit

06-20-13: Office visit

07-18-13: Office visit

08-13-13: Office visit

09-10-13: Office visit

10-08-13: Office visit

10-24-13: Pre-Authorization Request

10-29-13: UR performed

11-05-13: Office visit

11-18-13: Request for Preauthorization at Pain Management

11-26-13: UR performed
12-03-13: Office visit dictated

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who reported an injury on xx/xx/xx from an unknown origin. She previously underwent four surgical procedures to address chronic ongoing low back complaints. Pain was at the low back and sacroiliac joint. The claimant stated that the pain had migrated more proximally into the upper lumbar and thoracic spine.

10-28-08: Review Summary. Claimant Injury: Neck and Lower Back: 349.2 Disorders of Meninges Not Elsewhere Classified, 721.3 Lumbosacral Spondylosis without Myelopathy, 722.10 Displacement of Lumbar Intervertebral Disc without Myelopathy, 722.52 Degeneration of Lumbar or Lumbosacral Intervertebral Disc, 722.83 Postlaminectomy Syndrome of Lumbar region. Observations: The claimant appears to be taking two APAP containing medications on a regular basis. The transaction records indicate that 2-4 tablets of Dolgic Plus and 4 tablets of hydrocodone/APAP 10/650 mg are taken fairly consistently. This equates to 4.1-5.6 Gm of acetaminophen per day which exceeds the maximum recommended dose for both short-term and long-term acetaminophen use.

01-31-13: Follow up Visit. Claimant seen for a follow up visit s/p Moss-Miami instrumentation removal from her L4-5 and L5-S1 fusions. Since that time, she has been undergoing pain management, and continues to present with increasing pain. Her pain in her back with radiation down both legs, and the right and left legs are equally affected. She stated she cannot walk any distance, and she has pain when she gets up from a seated position. Examination shows well healed incision, marked tenderness in the paraspinal muscles. She has back pain with SLR, grade 4 weakness in the tibialis anterior bilaterally; knee and ankle reflexes are reduced. Recommend for an MRI scan with gadolinium enhancement for suspected stenosis above her fusion.

02-22-13: MRI of the Lumbar Spine W/WO Contrast. Impression: A. Postsurgical changes at L4-5 and L5-S1 levels. B. Posterior bulging disc at L1-2, L2-3 and L3-4.

03-14-13: Follow up Visit. After review of MRI, there is no indication that she requires surgery; will continue with pain management. The exam is nonfocal.

05-28-13: Office visit. Chief complaint: neck, shoulder, low back, midback, moderate to severe, aching sharp and throbbing. Her pain is relieved by lying down, sitting and meds. Pain rated at worst 8/10 and on average 5/10. Current medications: Norco, MS Contin, Diazepam, Nuvigil. Claimant is currently not working and reported the following symptoms: insomnia, anxiety, fatigue, depression, and headache. Diagnosis: Postlaminectomy Syndrome. Treatment Plan/Medications: refill current medications, continue Cymbalta, RTC in one month.

07-18-13: Office visit. Chief complaint: neck, shoulder, low back, midback, moderate to severe, aching sharp and throbbing. Her pain is relieved by lying down, sitting and meds. Pain rated at worst 8/10 and on average 5/10. Current medications: Norco, MS Contin, Diazepam, Cymbalta. Claimant is currently not working and reported the following symptoms: insomnia, anxiety, fatigue, depression, and headache. Diagnosis: Postlaminectomy Syndrome. Treatment Plan/Medications: request MRI, increase Cymbalta to 60mg BID, refill meds, continue activities as tolerated, RTC in one month.

09-10-13: Office visit. Chief complaint: neck, shoulder, low back, midback, moderate to severe, aching sharp and throbbing. Her pain is relieved by lying down, sitting and meds. Pain rated at worst 8/10 and on average 5/10. Current medications: Norco, MS Contin, Diazepam, Cymbalta. Claimant is currently not working and reported the following symptoms: insomnia, anxiety, fatigue, depression, and headache. Diagnosis: Postlaminectomy Syndrome, SI joint dysfunction, Opiate dependency. General Exam: Lumbar lordosis decreased, lumbar ROM limited, sacroiliac tender: present R & L, SLR – R/L, Faber + R/L. Treatment Plan/Medications: refill current medications, order CBC, Chem 7, LFTs, activities as tolerated, RTC in one month.

10-29-13: UR performed. Reason for denial: The request for sacroiliac joint injection (four units) 20796 is non-certified. The clinical documentation submitted for review notes the claimant complaining of ongoing low back pain despite multiple surgical interventions. ODG recommends sacroiliac joint injection provided that the claimant meets specific criteria, including showing at least three positive exam findings confirming sacroiliac joint involvement and the claimant is noted to have failed at least four to six weeks of aggressive conservative treatment. No information was submitted regarding significant exam findings indicating sacroiliac joint involvement or completion or completion of a four to six week course of conservative treatment. Given this, the request is not indicated as medically necessary.

11-26-13: UR performed. Reason for denial: The MD failed to clearly document multiple SI provocative maneuvers on exam that would support doing SI injection. The notes appear to contain little clinical information. The request fails to meet clinical ODG criteria.

12-03-13: Office visit. Chief complaint: neck, shoulder, low back, midback, moderate to severe, aching, sharp and throbbing. Her pain is aggravated by standing and walking and relieved by lying down, sitting and meds. Claimant complained of neck pain radiated to R/L shoulder and back pain radiated to R/L hip/buttocks/legs/feet. Pain rated at worst 8/10 and on average 6/10. Current medications: Norco, MS Contin, Diazepam, Cymbalta. Claimant is currently not working and reported the following symptoms: insomnia, anxiety, fatigue, depression, and headache. Diagnosis: Postlaminectomy Syndrome, opioid dependency. Treatment Plan/Medications: refill current medications, RTC in one month.

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

The previous adverse determinations are upheld and agreed upon. The denial of SI joint injection is upheld since there is lack of physical evidence on exam suggestive as the SI joint as the pain generator, other potential pain generators have not been ruled out (particularly given history of lumbar pain status post multiple lumbar surgeries including fusion), and there is lack of notation as to whether aggressive conservative measures such as therapy or home exercise have been attempted/resumed. The criterion for ODG, Sacroiliac joint blocks, is not met. Therefore, after review of the medical records and documentation provided, the request for SI Joint Injection (4 units) CPT-27096 is non-certified.

Per ODG:

Sacroiliac joint blocks	<p>Criteria for the use of sacroiliac blocks:</p> <ol style="list-style-type: none">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.
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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 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)**