

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jun/04/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Radiofrequency Ablation Left SI Joint

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

Board Certified Anesthesiologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she fell to the floor catching herself on the left elbow. The patient initially developed low back pain radiating to the left lower extremity. Prior conservative treatment included the use of epidural steroid injections as well as diagnostic facet blocks from L4 to S1. The patient had approximately 50-60% relief in radicular symptoms following epidural steroid injections and 40-50% reduction in mechanical left sided low back pain following diagnostic facet injections. Electrodiagnostic studies from 11/15/13 showed abnormal swelling in the left sural and common peroneal nerves indicating probable trauma or entrapment of the peripheral nerves. MRI studies of the lumbar spine from 10/02/13 noted facet arthropathy and mild disc bulging at multiple levels from L3 to S1. No confirmed nerve root contact was noted. The patient underwent further left L4-5 and L5-S1 facet joint injections on 01/22/14. Follow up on 03/03/14 indicated the patient had persistent low back pain radiating to the right posterior thigh and left leg with associated tingling. On physical examination, there was limited range of motion in the lumbar spine with positive straight leg raise to the left. Decreased sensation was present in the left lower extremity. There was also noted tenderness at the left sacroiliac joint to palpation. There was a referral to a spine surgeon. Medications were continued at this visit to include Flexeril, Gabapentin, Norco, and Elavil. The patient did undergo a left sacroiliac joint injection on 03/04/14. The patient was seen on 03/12/14 indicating that the patient had almost complete relief of low back pain following the facet injections completed from L4 to S1. report indicated that epidural steroid injections from 03/04/14 had no relief. No specific

comments regarding the sacroiliac joint injection results were noted in this clinical report. On physical examination, the patient demonstrated pain with straight leg raise testing. No neurological deficits were identified. There were spasms in the lumbar paraspinal musculature. The recommendations from a pain management perspective were for lumbar radiofrequency ablation procedures; however, the patient did not wish to proceed with this treatment at this evaluation. Follow up on 04/30/14 provided no updated physical examination findings. did recommend radiofrequency ablation procedures.

The requested sacroiliac joint radiofrequency ablation procedure was denied by utilization review on 04/03/14 as guidelines did not consistently support this procedure.

The request was again denied by utilization review on 05/05/14 as guidelines do not support the procedure.

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

The patient has presented with multiple complaints to include lumbar radicular symptoms as well as mechanical low back pain. The patient has had multiple injection procedures to date to include different series of facet injections as well as epidural steroid injections and 1 left sacroiliac joint injection completed on 03/04/14. There were some physical examination findings indicating symptomatic sacroiliac joint pain to the left; however, this was not evident on the most recent evaluations. The clinical documentation did not discuss what if any benefits were obtained with the left sacroiliac joint injection performed on 03/04/14. The recommendations in the recent clinical reports were for lumbar facet rhizotomy which is a wholly different procedure. Given the absence of any updated clinical evidence regarding a symptomatic left sided sacroiliac joint dysfunction as well as response to left sided sacroiliac joint injections, it is this reviewer's opinion that medical necessity in this case has been established. Therefore, the prior denials are still upheld.

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