

**Envoy Medical Systems, LP**  
**4500 Cumbria Lane**  
**Austin, TX 78727**

**PH: (512) 836-9040**  
**FAX: (512) 491-5145**  
**IRO Certificate #4599**

**Notice of Independent Review Decision**

DATE OF REVIEW: 2/19/14

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right Sacroiliac Injection times one with CPT codes 27096 (injection of radiopaque substance for arthrography of sacroiliac joint) and 77003 (fluoroguide for spine inject).

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

Physician Board Certified in Pain Management & Anesthesiology.

REVIEW OUTCOME

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

<b>Upheld</b>	<b>(Agree) <u>X</u></b>
Overtured	(Disagree)
Partially Overtured	(Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization (Denial), 12/12/13  
Appeal Reply, 1/14/14  
Office Notes/Visits: 1/23/14, 1/06/14.  
Office Notes/Visits: 12/16/13-5/09/11.  
Diagnostics: MRI Lumbar Spine, MRI, 8/21/13; Follow-up (Special Testing Results), 5/17/11; Radiology Report, MRI Lumbar Spine w/o contrast, 10/01/10.  
Daily Treatment Notes (9 visits); 7/19/13-6/12/13.  
Treatment Plan/Evaluation, 6/12/13;  
Therapy Status Report, 4/19/13.  
ODG (Official Disability Guidelines)

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was injured in xx/xxxx. He experienced low back pain after a lifting incident. MRI showed no impingement. There were physical signs of right SI joint disfunction. A right SI joint injection was performed on 10/16/13. Pain level on 10/06/13 was 7-9. A follow up visit on 12/02/13 showed pain level of 4-6/10. On 12/16/13 the pain level was 4-6. There was low back pain radiating from back into buttock area.

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

**Opinion:**

I agree with the benefit company's decision to deny the requested service.

**Rationale:**

A second SI joint injection does not meet ODG since there is no documentation that 70% pain relief

occurred.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL  
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH  
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X**

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE DESCRIPTION)