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Notice of Independent Review Decision

Date notice sent to all parties: 03/10/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left SI joint injection

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

Board Certified in Orthopedic Surgery

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 of the health care services in dispute.

Outpatient left SI joint injection - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

examined the patient on xxxxx for his low back pain and lumbar radiculopathy. He was working part time and going to school. His current medications were Carisoprodol, Naprosyn, Tramadol, and Zanaflex. His lumbar range of motion had improved. The assessments were lumbar radiculopathy, post laminectomy syndrome, sciatica, and myofascial release. On 02/03/12, the patient was essentially unchanged when he returned. His examination was unchanged. His medications were continued. On 08/03/12, reevaluated the patient. He had a prior medical history for left knee ACL reconstruction, back surgery, and surgical repair of the sternum. His range of motion and muscles spasms had improved since 05/03/12. He was asked to return in three months. On 11/05/12, the patient's medications were Zanaflex, Hydrocodone/APAP, Norco, and Naprosyn. His examination was unchanged from 08/03/12. His present treatment was continued. On 02/04/13, the patient informed he had improved functioning and decreased pain with his medications. He was able to walk for longer distances, his mood and sleep had improved, and he was not working, but was seeking employment. It was noted Naprosyn had been discontinued. It appeared his current medications were Tizanidine and Hydrocodone/APAP. He was six feet tall and weighed 292 pounds. He had increased range of motion since 11/05/12. His assessments were lumbar radiculopathy, post laminectomy syndrome, lumbar spondylosis, and sciatica. A toxicology screen was collected and his medications were not refilled at that time. On 11/01/13, examined the patient at the same office. He had recently undergone surgical removal of lipomas and ventral hernia repair. His previous toxicology screen was consistent with his prescribed medications. His medications included Baclofen and Hydrocodone/APAP. He had a psychiatric history for depression and anxiety. His range of motion in the lumbar spine and muscle spasms had worsened since his last examination. He had no new neurological deficits. There was significant skin tenderness along the surgical scar and there was moderate facet tenderness at the L3-L4 and L4-L5, as well as L5-S1 bilaterally with severe paraspinous tenderness bilaterally. Nerve root stretch signs were positive bilaterally. Norco, Naproxen, and Baclofen were continued and Gabapentin for neuropathic pain was started. A Medrol Dosepak was also provided. examined the patient on 12/18/13. He was fused from L3-S1. The pain in his left leg had increased over the last month. He was on Hydrocodone, Gabapentin, and Baclofen. He smoked half a pack of cigarettes a day. He had bilateral lower extremity pain, numbness, and moderate weakness. He had an antalgic gait and decreased lumbar range of motion with moderate spasm and pain to palpation. Straight leg raising was positive bilaterally at 30 degrees. There was decreased sensation to light touch and pinprick in L5 and S1. Motor strength was diminished in plantar and dorsiflexion at 3/5. X-rays revealed interbody devices present and an instrumented fusion at L3-S1. There was spondylotic changes and mild narrowing of the disc spaces above the fusion. A trial of spinal cord stimulation was discussed. His medications were refilled. The patient returned on 01/15/14. It was noted the patient had a prescription for an SI joint injection, which he wanted asap, as his pain was rated at 8/10. He now had left posterior iliac spine pain that radiated through the left side of his pelvis. had recommended the diagnostic SI joint injection. His toxicology screen was positive for THC and he denied voluntary use of the drug. Another screening was

recommended. He had point tenderness over the left superior spine and no pain with internal or external rotation of the hips. Straight leg raising was negative and he had no numbness, tingling, or weakness in the lower extremities. The assessments were radiculopathy, post laminectomy syndrome, back pain, and episodic mood disorder. Baclofen, Gabapentin, and Hydrocodone/APAP were refilled. A left SI joint injection was recommended. On 01/22/14, provided a Notice of Adverse Determination for the requested left SI joint injections. On 02/10/14, also provided a Notice of Adverse Determination for the requested left SI joint injection.

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

The ODG notes that sacroiliac joint dysfunction is poorly defined and the diagnosis is often difficult to make because of other lower back pathology. Clearly, this patient has other lower back pathology, including a lumbar fusion and lumbar radiculopathy. The ODG also notes the diagnosis is difficult to make depending on the region of the SI joint that is involved. The first criteria listed in the ODG for SI joint injections, is at least three positive examination findings of SI joint dysfunction, which does not appear to have been met/done based on the documentation currently reviewed. The ODG also states the patient should have received and failed at least four to six weeks of conservative treatment, including physical therapy, home exercises, and medications. It does not appear the patient has received any therapy for the SI joint. Physical examination on 01/15/14 revealed point tenderness over the left superior spine and there was no pain with internal or external rotation of the hip. The patient has failed to improve after three level spinal surgery, which is more likely the source of his ongoing pain than the sacroiliac joint itself. There are no positive findings on examination that meet the requirements in the ODG and the actual pain generator has not been objectively determined. Furthermore, as noted above, there has been no documentation of aggressive conservative therapy at this time. The patient fails the first three criteria under the ODG for performance of a sacroiliac joint injection. Therefore, the requested outpatient left SI joint injection is neither reasonable nor necessary, as it is not in accordance with the ODG, and the previous adverse determinations should be upheld at this time.

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)