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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/11/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right and left sacroiliac joint injections under fluoroscopy with (injection of radiopaque substance for arthorgraphy of sacroiliac joint) and (Fluoroguide for spine injection)

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 01/15/14, 01/02/14
History and physical dated 01/02/14, 11/13/13
Handwritten office visit worksheet dated 11/13/13
Lab report dated 11/13/13
Lumbar myelogram dated 08/08/13
Soap notes dated 10/23/13, 07/03/13, 01/30/13, 10/03/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient fell. Note dated 10/03/12 indicates that the patient underwent epidural steroid injection at T11 to L2 with some spread above T11 with very significant relief of his pain for about 2 weeks. Lumbosacral myelogram dated 08/08/13 indicates that the patient is status post lumbar laminectomy and posterior lateral as well as intersegmental fusion. There are multilevel degenerative changes noted within the thoracic spine from T2-3 to T3-4 as well as in the lumbar spine from T12-L1 to L1-2 but also at L4-5 and L5-S1. The patient is status post intersegmental fusion at L2-3 and L4-5, stable appearing posterior fusion at L2-3 and L3-4 and laminectomy with osseous fusion at L4-5 and L5-S1. History and physical dated 11/13/13 indicates that the patient underwent lumbar fusion in 1992, fusion removed 1994, and lumbar fusion in 1998 and 2000. History

and physical dated 01/02/14 indicates that medications include meloxicam, hydroxychloroquine, Voltaren gel, omeprazole, folic acid, cyclosporine Restasis, methotrexate, hydrocodone, lisinopril, Detrol LA, metaxalone and Proscar. On physical examination there is tenderness over the bilateral L4-5 and L5-S1 facets. There is 4/5 generalized motor testing bilateral lower extremities. Straight leg raising is positive at 60 degrees on the right and 70 degrees on the left. Patellar reflex is decreased bilaterally. There is tenderness over the bilateral sacroiliac joints. Patrick test is positive bilaterally.

Initial request for bilateral sacroiliac joint injections was non-certified on 01/02/14 noting that there is only Patrick's documented on examination. The Official Disability Guidelines report that the history and physical should suggest the diagnosis with documentation of at least 3 positive exam findings. The doctor's note indicates proceeding on to radiofrequency neurotomy if these blocks were positive; however, according to the Official Disability Guidelines, sacroiliac joint and radiofrequency neurotomy is not recommended. The denial was upheld on appeal dated 01/15/14 noting that the documentation does not support signs and symptoms of sacroiliac dysfunction. There is no documentation showing this patient has tried and failed conservative care prior to this.

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

The patient's most recent physical examination dated 01/02/14 documents positive Patrick's test bilaterally. The Official Disability Guidelines require documentation of at least 3 positive exam findings prior to the performance of sacroiliac joint injection. There is no indication that the patient has undergone any recent active treatment. The submitted records document a plan to proceed to sacroiliac joint radiofrequency neurotomy; however, this procedure is not supported by the Official Disability Guidelines. As such, it is the opinion of the reviewer that the request for Right and left sacroiliac joint injections under fluoroscopy with (injection of radiopaque substance for arthrography of sacroiliac joint) and (fluoroguide for spine injection) is not recommended as medically necessary.

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