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Notice of Independent Review Decision

**October 6, 2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral SI joint injections (CPT 20610 x2) and iliospinal ligament injections (CPT 20550 x2) using US needle guidance (CPT 76942 x 4)

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

Pain Management Physician

**REVIEW OUTCOME:**

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

Partially Overturned (Agree in part/Disagree in part)

Medical documentation **partially supports** the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury to her back on xx/xx/xx. She had herniated disc at L5-S1 and underwent laminectomy and discectomy at L5-S1.

No records available through May 15, 2010.

**2010:** On June 15, 2010, saw the patient for low back complaints. It was noted that the patient sustained an injury to her back on xx/xx/xx, resulting in herniated disc at L5-S1. She had laminectomy and discectomy at L5-S1. She had residual with some chronic lumbar radiculopathy. She was utilizing Vicodin and Motrin on a regular basis for pain and these help her control the pain. The pain level without medication was 8/10 and with medication was 2-3/10. Examination of the lumbar spine showed good range of motion (ROM). She could flex to about 80 degrees,

extend to 10 degrees and lateral bend to about 15 degrees. She had a positive straight leg raise (SLR) on the left and had tenderness to palpation at the lumbar paraspinals on the left with some mild spasm of the lumbar paraspinals. The diagnosis was L5-S1 herniated disc, status post laminectomy and discectomy, with chronic lumbar radiculopathy. noted that the patient was doing well and she was stable on her medical management for her chronic lumbar pain. He recommended continuing medications and refilled Vicodin ES and Motrin. A prescription for the Coats aloe Vera liniment was given.

On December 17, 2010, noted that the patient had no new complaints. Examination showed some tenderness to palpation of the lumbar spine from around L4-L5 and L5-S1 with some trace midline as well as some spasm of the left paraspinals. refilled medications and recommended follow-up in six months.

**2011:** The patient was seen on June 17, 2011, and November 22, 2011, for ongoing chronic lumbar radiculopathy and pain postoperatively. She was utilizing Motrin and Vicodin for pain control. She had tenderness to palpation of the lumbar paraspinals at L3 to S1, trace spasm. The diagnosis was L5-S1 disc, status post laminectomy and discectomy with chronic lumbar radiculopathy, spasm and myalgias. refilled medications and she was recommended to continue her daily exercises routine at home.

**2012:** On May 17, 2012, noted medications continued to work very well. The patient had some periodic tingling with burning pain into the buttock and down the legs. The patient was maintained on medications for pain control.

On May 17, 2012, the toxicology report was negative.

On October 16, 2012, Dr. noted the patient recently had some right knee surgery for an unrelated event and had been recovering from that. She continued to have back pain. maintained her on medications and home exercises.

On October 16, 2012, the toxicology report was positive for morphine.

On November 16, 2012, the patient report having occasional flares of some discomfort in the back with activity and with weather change but she was doing quite well with her current activity level. obtained a urine drug screen which was positive. The patient was maintained on medications and exercises.

**2013:** The patient had follow-ups on May 6, 2013, and October 2, 2013, for going chronic low back pain. She was utilizing medications for pain control. She had tenderness to the paraspinals and along the surgical incision. The diagnoses was L5-S1 disc herniation status post laminectomy, discectomy and fusion; chronic low back pain and postlaminectomy syndrome. X-rays showed stable L5-S1 fusion and some early change above the level of the fusion. Urine drug screen was negative.

**2014:** On May 12, 2014, the patient was seen for recurrent chronic low back pain and pain at over just below spine. Examination showed positive tenderness above the sacroiliac to compression. assessed lumbar spine now chronic spondylosis secondary to the surgery, sacroiliitis and myositis. He prescribed Vicodin, left SI joint injection and seeing chiropractic physician.

On May 16, 2014, x-rays of the lumbar spine showed mild anterolisthesis at L5-S1 approximately 5 mm fixed on neural flexion/extension. There was osteophytic disc interspace narrowing particularly at L5-S1 and to a lesser degree at L3-L4. There was no fracture or lytic changes. The SI joints were normal in width with no sclerosis and erosions.

On June 11, 2014, reviewed the x-rays findings and recommended advised the patient to continue current treatment plan.

Per utilization review dated June 23, 2014, the request for large joint injection (left SI joint injection) using ultrasound needle guidance was denied with the following rationale: *"In this case, the only finding on examination was compression test. The patient, apparently, has not had and failed at least 4 to 6 weeks of aggressive conservative therapy, according to documentation. The guidelines seem to recommend fluoroscopy versus ultrasound, but medical necessity has not been established with the history and physical not suggesting the diagnosis and with no recent findings to support medical necessity."*

From June 24, 2012, through July 7, 2014, the patient was seen for physical therapy (PT) consisting of hot/cold pack, interferential current, therapeutic exercises, myofascial release and joint mobilization.

On July 16, 2014, noted the patient continued to have low back pain which was getting worse. Her right knee was also more problematic. She was unable to walk but a few yards at a time secondary to the knee and low back pain.

A pre-authorization request was submitted on July 22, 2014, for large joint injection (left SI joint injection) and iliospinal ligament injections using ultrasound needle guidance.

Per utilization review dated July 28, 2014, the request for large joint injection (left SI joint injection) and iliospinal ligament injections using ultrasound needle guidance with the following rationale: *"In this case, there is a possibility of a pelvic compression test as being positive. However, the documentation did not indicate that there were three test findings to support the diagnosis. Therefore, this request is not medically necessary."* Regarding, ligamentous injections, *"there was no additional information to support these types of injections per evidence-based literature to support medical necessity. Therefore, this request was is not medically necessary."*

On August 5, 2014, noted the patient continued to have low back pain. The injections were denied. She had failed 13 weeks of home and clinical therapy. The patient reported that while driving, the left SI gets very sharp pain and she actually had to stop over at side of the road and stretch some to relieve it enough to get back to driving. She ambulated slowly and had difficulty with stairs. She

wore a right knee brace. Examination showed positive Yeoman's test, positive cranial shear test on left, positive left pelvic compression test, Fortin finger test on left, Pelvic Rock test on left, Gaenslen's test on the left, SI shear test on the left and Faber-Patrick test on the left. recommended until the injections to SI were approved, the patient would need to rely on the office visits to try manipulations.

On August 20, 2014, request was submitted for large joint injection (left SI joint injection) and iliospnial ligament injections using ultrasound needle guidance.

Per reconsideration review dated August 28, 2014, the request for large joint injection (left SI joint injection) and iliospnial ligament injections using ultrasound needle guidance was denied with the following rationale: *"The proposed iliospinal injections under ultrasound needle guidance are not medically necessary, medically appropriate, or indicated here. As noted in the Official Disability Guidelines Low Back Chapter, Ligamentous Injections Topic, ligamentous injections are deemed "not recommended." In this case, no specific rationale, narrative commentary, or medical evidence was attached with the request for authorization which would offset the unfavorable Official Disability Guidelines position on the same. It is further noted that there is considerable lack of diagnostic clarity. The applicant has been given various diagnoses including chronic undifferentiated low back pain, myalgias and myositis of various body parts, sacroiliitis, and spondylosis, etc. Therefore, the request is not medically necessary, both owing to the considerable lack of diagnostic clarity as well as the unfavorable guideline recommendation. In this case, however, there is no clear evidence of sacroiliitis. Official Disability Guidelines qualifies the recommendation by noting that the attending provider should incorporate some discussion of "other possible pain generators" in his rationale as to why sacroiliac joint pathology is suspected. In this case, however, there has been no clear discussion or demonstration of sacroiliac joint pathology. The fact that the applicant has been given various other diagnoses including myalgias and myositis, chronic undifferentiated low back pain, and lumbar spondylosis, taken together, argue against on any focal sacroiliitis or sacroiliac joint pathology for which sacroiliac joint injections would be indicated. Therefore, the request is not medically necessary."*

On September 8, 2014, noted that the appeal was denied by the carrier. The patient continued to have some soreness at left SI and iliospinal ligament. The patient was treated by a chiropractor. Medications were refilled.

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

The medical necessity of sacroiliac joint injection is supported by the documentation, medical necessity, and ODG criteria. The iliospinal ligamentous injections are not supported. Ultrasound guidance is necessary for optimal care and is 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