

IRO REVIEWER REPORT TEMPLATE

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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/20/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left SI joint rhizotomy, medical clearance

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

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 reported an injury to her low back. The clinical note dated 08/10/12 indicates the patient complaining of low back pain with radiating pain into the left lower extremity. The patient also was identified as having recurrent left trochanteric bursitis. The note indicates the patient having previously undergone an injection to address this complaint with some benefit. The patient reported a gradual worsening of symptoms. Left leg pain and swelling were identified at the end of each day. The patient reported an 11 year history of symptoms. No information was submitted regarding the initial injury. The note indicates the patient utilizing Tramadol for pain relief. The note indicates the patient undergoing a Depomedrol injection at the left trochanteric bursa at that time. The clinical note dated 05/12/14 indicates the patient continuing with complaints of low back pain. There is an

indication the patient has a significant past medical history involving an L5-S1 fusion in 2001. The patient reported significant benefit following the bursal injection from 8/10 to 0/10. The patient reported 3 weeks of benefit following the injection. However, the patient reported a return of pain that was rated as 8/10. The patient continued with the use of Tramadol. Dysesthesia was identified in the left lower extremity. The patient also had subjective complaints of weakness. The clinical note dated 07/09/14 indicates the patient continuing with significant levels of pain in the sacroiliac region. The note indicates the patient having received positive relief from the sacroiliac region pain following the most recent injection. The note indicates the patient utilizing Norco for pain relief. There is an indication the patient's left leg pain was resolved with the SI joint injection as well. Upon exam, tenderness was identified upon the paravertebral musculature bilaterally. 4/5 strength was identified at the left EHL and peroneus. The patient previously underwent a course of physical therapy. The patient was recommended for second opinion regarding sacroiliac joint fusion. A clinical note dated 07/21/14 indicated the patient continuing with low back complaints. CT scan of the pelvis dated 07/29/14 revealed post-operative appearance of L5-S1. No evidence of loosening of the metallic fracture was of the metallic no evidence of loosening was identified. Sacroiliac joints appeared to be intact. The operative note dated 08/06/14 indicated the patient undergoing left sided sacroiliac joint injection utilization review dated 09/25/14 resulted in denial for sacroiliac joint rhizotomy as insufficient information had been provided regarding any studies published in peer reviewed literature supporting the procedure.

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

The patient complained of a long history of ongoing low back complaints. The patient has pain radiating into the left lower extremity from the lumbar spine from the lumbosacral spine. The patient underwent physical therapy in the past. However, no information was submitted regarding the dates, or the number of therapeutic sessions addressing the lumbosacral spine complaints. The patient underwent a diagnostic injection in the lumbosacral spine with good result. However, as no high quality studies have been published in peer reviewed literature supporting rhizotomies in the sacral region this request is not supported. As such, it is the opinion of this reviewer that the request for rhizotomy at left S1 joint left sacroiliac joint is not recommended as medically necessary.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Sacroiliac joint radiofrequency neurotomy

Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 ± 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. (Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac joint blocks.

Recent research: A small RCT concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79%), 9 (64%), and 8 (57%) radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 2 patients (14%) in the placebo group experienced significant improvement at their 1-month follow-up, and none experienced benefit 3 months after the procedure. However, one year after treatment, only 2 patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008)