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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/07/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left sacroiliac fusion

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Neurological 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 health care service in dispute. It is the opinion this reviewer that the request for left sacroiliac joint fusion is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is seen on 09/05/13 with complaints of pain, and on exam she was tender to lumbar spine and neurologically intact to bilateral lower extremities pulse. Facets to the right at L3-4, L4-5, and L5-S1 had tenderness. On 04/18/14, lumbar discogram found patient had 0/10 pain at L4-5 and L5-S1. On 02/02/15, the patient returned to clinic and reported two days significant pain relief after sacroiliac joint injection. Prior treatment included physical therapy, NSAIDs therapy, pain medication, and chiropractic care, all with some pain relief. Epidural and facet blocks were without relief and sacroiliac joint block provided transient pain relief. On exam, patient ambulated without a limp and strength was 5/5 throughout lower extremities. Sensation was grossly intact. Faber test was negative bilaterally and sacroiliac joint fusion to the left was recommended.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On 02/06/15, utilization review determination letter noted there was no clinical documentation that the patient had post-traumatic injury to his sacroiliac joint and therefore request was non-certified. On 02/24/15, utilization review determination noted clinical documentation submitted for review did not contain specific objective findings such as at least three positive provocative test suggestive of chronic or severe sacroiliac joint pathology to warrant the requested surgery. There was also lack of clinical documentation that a previous traumatic event affected the pelvis and sacroiliac joints. The most recent clinical note dated 02/02/15 had lack of clinical documentation of at least three objective tests documenting sacroiliac joint as the pain generator or that any specific event occurred at sacroiliac joint causing pathology. Guidelines indicate that a fusion of the sacroiliac joint is for post-traumatic injury of the sacroiliac joint with failure of non-operative treatment and chronic pain lasting for years. There was also a paucity of clinical information regarding failure of conservative care for years. It is the opinion this reviewer that the request for left sacroiliac joint fusion is not medically necessary and prior denials are upheld.

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

ACOEM-AMERICA 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)