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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/12/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: inject sacroiliac joint

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Physical Medicine and Rehabilitation

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

[X] 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 of this reviewer that the request for inject sacroiliac joint injection is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury to her right hip, right elbow, and low back. The clinical note dated 09/15/09 indicates the patient rating her right hip and low back pain as 2-4/10. No description of the initial injury was provided. Upon exam, the patient was able to demonstrate full range of motion throughout the lumbar spine. The patient was identified as having negative straight leg raises at that time. No range of motion deficits were identified in the lower extremities. The MRI of the lumbar spine revealed a broad based posterior subligamentous disc herniation at L5-S1 measuring approximately 4.5mm. Contact of the thecal sac was identified with abutment of the traversing S1 nerve root sleeves without stenosis. A 1mm high signal intensity zone was also identified at the right posterolateral aspect of the herniation. The clinical note dated 06/11/15 indicates the patient continuing with low back complaints. Radiating pain was identified into the left lower extremity. Prolonged sitting, standing, and walking all exacerbated the patient's pain. The patient rated the pain as 4-9/10. The note indicates the patient having a positive Gaenslen's test as well as a painful sacroiliac joint, specifically on the left. The note indicates the patient being recommended for a sacroiliac joint injection at that time. The clinical note dated 06/25/15 indicates the patient continuing with 4-9/10 pain. The patient described a throbbing, burning, aching sensation with radiating pain to the left lower extremity. The clinical note dated 07/23/15 indicates the patient continuing with an aching sensation with spasms and a tightened feeling. The patient reported the pain as constant. The note indicates the patient having previously undergone a sacroiliac joint injection. The electrodiagnostic studies of the lower extremities revealed essentially normal findings. No radiculopathy was identified.

The utilization reviews dated 06/17/15 and 07/17/15 resulted in denials as insufficient information was submitted confirming the sacroiliac joint as a pain generator. Additionally, no information was submitted regarding any anxiety associated with the procedure.

Furthermore, the patient's therapeutic history was inadequate at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of ongoing low back pain. A sacroiliac joint injection is indicated for patients who have 3 provocative findings identified by clinical exam and the patient has completed all conservative treatments. There is an indication in the clinical notes regarding the patient's previous involvement with conservative therapies. However, it is unclear as to whether the patient has completed all conservative treatments as no therapy notes dates or the completed number of sessions were not identified in the submitted clinical notes. Additionally, there were 2 provocative findings identifying in the sacroiliac joint injection as the pain generator. However, the 3rd provocative findings were not identified in the submitted documentation. Given these factors, it is unclear if the patient would benefit from a sacroiliac joint injection. As such, it is the opinion of this reviewer that the request for inject sacroiliac joint injection is not recommended as medically necessary and the 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)