



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 08/05/15

**IRO CASE #:**

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

Right Sacroiliac Joint Injection/Flouro Guidance

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

Physical Medicine and Rehabilitation  
Pain Medicine

**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 or not medical necessity exists for each of the health care services in dispute:**

- Right Sacroiliac Joint Injection/Flouro Guidance - Overturned

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was injured on xx/xx/xx while working. Claimant felt a pull in his back while pulling cable. Treatment to date has included physical therapy, EMG/NCV, Lumbar ESI x 1, Lumbar MRI, and medications of Naprosyn 500 mg, Robaxin, Motrin 800 mg, Flexeril 10 mg. Most recent diagnoses are lumbar sprain/strain and right sacroiliitis. The treating physician is currently recommending Right Sacroiliac Joint Injection/Flouro Guidance.

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

**In your medical opinion, is the right sacroiliac joint injection with fluoroscopic guidance medically reasonable and necessary?**

Yes. The proposed treatment of a one-time right sacroiliac joint injection with fluoroscopic guidance does appear to be medically reasonable and necessary, and in line with ODG recommendations. The previous denials appear to have been related to poor documentation by the treating physician, which seems to indicate that the claimant has had these injections in the past. Upon careful review of the record, I can find no evidence that this injection has been performed previously and it was recommended by the Designated Doctor as medically necessary for the claimant to reach maximum medical improvement. As such, a one-time right sacroiliac joint injection with fluoroscopic guidance for diagnostic purposes is medically reasonable and necessary.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**