# US Decisions Inc.

**An Independent Review Organization**
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**DATE NOTICE SENT TO ALL PARTIES:** Jun/08/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** bilateral sacroiliac joint injection under monitored anesthesia

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Anesthesiology

**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 <u>each</u> health care service in dispute.** It is the opinion of the reviewer that the request for bilateral sacroiliac joint injection under monitored anesthesia is not recommended as medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as getting off the back of a box trailer. MRI of the lumbar spine dated 02/12/14 revealed mild degenerative changes of the lumbar spine without fracture or spondylolisthesis; no disc herniation, spinal canal stenosis or neural foraminal stenosis identified. There is disc bulging with degenerative facet disease with encroachment upon the right L3 nerve at right sided paraspinal region due to L3-4 right lateral disc bulging. Designated doctor evaluation dated 08/12/14 indicates that the patient underwent a lumbar epidural steroid injection with no resolution of discomfort. A few sessions of physical therapy were performed. Office visit note dated 03/27/15 indicates that the patient complains of low back pain radiating into the right leg rated as 7/10 VAS. Current medications are listed as fentanyl patch, Lyrica, Norco and Soma. On physical examination lumbar range of motion is limited in flexion and extension. Straight leg raising is positive on the right at 60 degrees. There is bilateral SI joint tenderness. Motor strength is 4/5 right L4 and L5. Sensation is intact throughout. Deep tendon reflexes are 2+ throughout. Patient tested positive to compression, Faber's, thigh thrust, distraction, Gaenslen's and palpation bilaterally.

Initial request for bilateral sacroiliac joint injection under monitored anesthesia was non-certified on 04/02/15 noting that the most recent physical examination did not document at least 3 positive tests for SIJ dysfunction. Also, there is no documented diagnostic evaluation that addresses any other possible pain generator. Notably, the MRI and physical examination findings support a radiculopathy at the level of L3, and there are findings suggestive of facet mediated pain. Appeal/reconsideration letter dated 04/07/15 indicates that based on the patient's examination they feel that although he does have pathology indicated on his MRI of lumbar degeneration it is his sacroiliac joints that are his main pain generator at this time. The denial was upheld on appeal dated 04/29/15 noting that the appeal letter did address the concerns raised by the initial denial. However, there are no requirements for MAC anesthesia for sacroiliac joint injections as this procedure is simple and is routinely performed without anesthesia.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on xx and underwent a few sessions of physical therapy. The Official Disability Guidelines require documentation that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management. Additionally, there is no documentation of extreme anxiety or needle phobia to support the request for monitored anesthesia. Although the patient's physical examination does document at least 3 positive exam findings of sacroiliac joint dysfunction as required by the Official Disability Guidelines, given the lack of information regarding at least 4-6 weeks of aggressive conservative therapy and lack of documented anxiety or phobia, medical necessity is not established. As such, it is the opinion of the reviewer that the request for bilateral sacroiliac joint injection under monitored anesthesia 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)**