

## Pure Resolutions LLC

An Independent Review Organization

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### Notice of Independent Review Decision

Case Number:

Date of Notice: 06/08/2015

#### Review Outcome:

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

#### Description of the service or services in dispute:

Bilateral S1 joint rhizotomy (left side first then 1 week later right side)

**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)

#### Patient Clinical History (Summary)

The patient is a female who was injured on xx/xx/xx. The patient is noted to have undergone a prior lumbar spinal fusion at L4-5 and L5-S1. The patient has been followed for ongoing complaints of pain at the bilateral sacroiliac joints as well as post-laminectomy syndrome. The patient is noted to have had a long term history of narcotics use for chronic pain in addition to the use of muscle relaxers. The patient has had two prior sacroiliac joint injections with the left injection completed on 03/25/15 and the right injection performed on 01/07/15. The patient reported more than 50% relief for approximately six hours following the first right sided sacroiliac joint injection. Following the left sided injection on 03/25/15 the patient reported more than 50% in pain relief. The clinical record on 04/23/15 indicated that the patient got a better response from the right sided sacroiliac joint injection than the left. No specific provocative findings for the sacroiliac joint were noted on this evaluation. The 04/29/15 clinical record also provide no specific physical examination findings for persistent sacroiliac joint dysfunction. There was a noted antalgic gait favoring the right side with tenderness over the bilateral sacroiliac joints. The proposed bilateral sacroiliac joint in joint rhizotomy procedures were denied on 05/07/15 as the treatment was not supported by current evidence based guidelines as there was no specific agreement on regarding the technique utilized for the procedure or evidence of long term efficacy. The request was again denied on 05/15/15 due to the lack of clear evidence regarding the procedure's ability to address chronic sacroiliac joint pain.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been followed for ongoing complaints of bilateral sacroiliac joint pain following a two level lumbar spinal fusion procedure at L4-5 and L5-S1. The patient has had continued pain despite a history of chronic pain management utilizing multiple medications. The patient did have bilateral sacroiliac joint injections completed right then left. Following both injections the patient reported more than 50% relief initially with the injections. There did not appear to be any long term benefit obtained with either the right or left sacroiliac joint injections. The most recent physical examination findings noted joint line tenderness over the sacroiliac joints. No provocative findings were documented in the most recent records indicative of persistent jack sacroiliac joint dysfunction. Given the lack of

recommendations from current guidelines regarding the use of sacroiliac joint rhizotomy as well as the temporary improvement only with sacroiliac joint injections it is unclear at this time based on the current literature what the long term response would be from the from sacroiliac joint rhizotomy given that the literature has failed to establish that this procedure provides any long term efficacy long term relief or improved functional outcomes as compared to other standard treatments for chronic pain. As the patient had a very short term response to sacroiliac joint injections in the past it is this reviewer's opinion that medical necessity for the requested procedures would not be established at this time 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)