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Date notice sent to all parties:

May 5, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

APPEAL, request for outpatient: Bilateral SI Joint injection

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with complaints of ongoing low back pain. The clinical note dated 01/23/15 indicates the patient having previously undergone an intrathecal pump with subsequent refills. The patient reported hypersensitivity at the left buttocks as well as radiating pain that was described as a sharp sensation in the right lower extremity. The initial injury occurred in xx after a fall. The undated letter of appeal also indicates the patient having previously undergone 3 courses of physical therapy for a total of 12 weeks of treatment with no significant benefit. There was also an indication the patient had undergone multiple imaging studies to include an MRI and CT scans. According to the letter, the patient also underwent an EMG which revealed a left sided SI radiculopathy. The patient's past medical history is significant for an L3-4 hemilaminectomy, foraminotomy, and discectomy on the left as well as a transverse fusion at L5-S1 with an iliac graft in 2003. The patient also underwent a decompression from L3 to S1 in 2005. The patient subsequently underwent an intrathecal pump in 2007. A revision was also

completed in 2013 of the Medtronic Morphine pain pump. There was also an indication the patient has not received any significant benefit with the use of Hydrocodone. The patient reported ongoing SI region pain that was rated as severe.

The previous utilization review dated 01/30/15 resulted in a denial for an SI joint injection as inadequate information was submitted regarding the patient's completion of all conservative treatments to include physical therapy as well as a response from the ongoing use of medications.

The utilization review dated 02/25/15 resulted in a denial for a bilateral SI joint injection as inadequate information had been submitted regarding the patient's exam findings supporting SI joint involvement.

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

The documentation indicates the patient complaining of a long history of ongoing low back pain with radiating pain to the right lower extremity. An SI joint injection is indicated for patients with at least 3 positive exam findings and the patient has failed at least 4-6 weeks of aggressive conservative therapy. There is an indication the patient has previously undergone physical therapy in the remote past prior to a number of surgical interventions as well as the implantation of an intrathecal pump. However, no information was submitted regarding the patient's confirmatory evidence by provocative testing to include a Sheer's test, flamingo test, Fortin finger test, Gaenslen's test, stork test, Patrick's test, pelvis distraction test, or a pelvic rock test. Furthermore, it is unclear if the patient has completed any recent conservative treatments outside of the use of Hydrocodone as no therapeutic notes were submitted. Given that no information was submitted regarding the patient's provocative testing confirming SI joint involvement and taking into account that minimal information was submitted regarding the patient's recent completion of a 4-6 week course of aggressive conservative treatments outside of narcotic interventions, this request is not fully indicated. Therefore, it is the opinion of this reviewer that the request for a bilateral SI joint injection is not medically necessary at this time.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Sacroiliac joint blocks

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at

least 3 positive exam findings as listed above).

2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. (Hansen, 2003)
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.