

# Clear Resolutions Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:** May/05/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** sacroiliac joint injection on the left side in series of 2

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D.O., Board Certified Physical Medicine and Rehabilitation and 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 medical necessity exists for each health care service in dispute.** It is the recommendation of this reviewer that the request for an sacroiliac joint injection on the left side in series of 2 is not medically necessary.

**PATIENT CLINICAL HISTORY [SUMMARY]:** This patient is a male with complaints of pain. On 06/17/14, a CT of the lumbar spine was obtained revealing an epidural catheter and device that may represent a drug delivery system. The catheter appeared to be broken and discontinued at the level of the L1-2 interspinous space. There was an L1 to S1 fusion but there was no solid bony incorporation of the interbody spacers or solid bony intertransverse posterior fusion. There is no suggestion of hardware failure or loosening. On 03/26/15, the patient filled out a patient history form noting he had low back and leg pain with pain rated at 8/10. A handwritten examination note indicated that he was to receive 1 of 2 SI joint injections, and he was alert and oriented x 3.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On 04/01/15, a utilization review determination stated that the request for a sacroiliac joint injection on the left side in a series of 2 was reviewed and determined not to meet medical necessity guidelines. It was noted there were no findings documented in the notes provided or per the conversation to support that the patient had SI maneuvers that were documented as being positive as required by guidelines and therefore the injection was non-certified. On 04/09/15, a utilization review determination letter stated the request was also non-certified as there were no notes to document the presence of pain syndrome from the SI joint region. The request was non-certified.

Guidelines indicate that for an SI joint injection to be considered reasonable, there should be documented objective findings such as a positive Fortin finger test, and guidelines recommend 3 of those positive tests to determine that the SI joint is the pain generator. No records were provided to document the patient has a positive Fortin finger test, or other positive orthopedic tests to indicate that the patient has SI joints that are pain generators. Therefore, it is the recommendation of this reviewer that the request for an sacroiliac joint

injection on the left side in series of 2 is not 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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)