

***True Resolutions Inc.***

***An Independent Review Organization***

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***Notice of Independent Review Decision***

# True Resolutions Inc.

## Notice of Independent Review Decision

Case Number:

Date of Notice: 05/05/2015

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### Review Outcome:

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

Anesthesiology

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

Right SI injection, ultrasound, OV

**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)

### Information Provided to the IRO for Review:

Utilization reviews dated 03/26/15, 04/06/15  
Lab report dated 06/12/14, 11/10/14  
Operative report dated 09/22/14  
Office visit note dated 03/24/15, 02/18/15, 01/14/15

### Patient Clinical History (Summary)

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is described as a trip and fall. The patient has a history of lumbar laminectomy in 1999 and lumbar fusion in 2010. The patient underwent right L4, L5 and S1 nerve root blocks on 09/22/14. Note dated 02/18/15 indicates that gait is antalgic and she is using a cane. On physical examination SI joint pain is reproducible on compression test, Faber and Gaenslen's test. Office visit note dated 03/24/15 indicates that the patient underwent right TKA on 11/17/14. Current medications are listed as lisinopril, Mobic, Neurontin, Norco, and Ultram. Diagnoses are listed as thoracic/lumbar neuritis/radiculitis and sacroiliitis. On physical examination there is mild tenderness to palpation of the lumbar paraspinal muscles. There is marked tenderness to palpation of the right sacroiliac joint. Straight leg raising is positive on the right at 50 degrees and negative on the left.

Initial request for right SI injection, ultrasound, office visit was non-certified on 03/26/15 noting that the patient's date of injury is over 21 years old; however, the submitted record consists of a single office visit note dated 01/14/15. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The Official Disability Guidelines require documentation of at least 3 positive exam findings. The patient's physical examination does not document any positive exam findings for sacroiliac joint dysfunction. There is no rationale provided to support the request at this time. The denial was upheld on appeal dated 04/06/15 noting that there was no MD contact to modify out the US guidance. ODG supports this injection when it is done under fluoroscopy, not US guidance.

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

The patient sustained injuries in xxxx. There is no documentation provided regarding treatment completed to date for this nearly 22 year old injury. The Official Disability Guidelines require that the patient has had and failed at least 4-6 weeks of aggressive conservative therapy. The Official Disability Guidelines also note that

these blocks are to be performed under fluoroscopy, not ultrasound guidance. The submitted records fail to establish that any other possible pain generators have been addressed as required by the ODG Hip and Pelvis Chapter. As such, it is the opinion of the reviewer that the request for right SI injection, ultrasound, OV is not recommended as medically necessary.

***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)