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Notice of Independent Review Decision
Applied Assessments LLC

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:

Sacroiliac Joint Injection Bilateral

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 reported an injury to her low back. The clinical note dated xxxx indicates the patient complaining of 5-10/10 low back pain. The patient stated that sitting, lying down, stooping, leaning, and specific activities were exacerbating her pain level. Upon exam, hyperreflexia was identified at the patella and Achilles regions. No strength deficits are identified in the lower extremities. The patient was able to demonstrate 30 degrees of flexion/extension in the lumbar region as well as 70 degrees of bilateral rotation and 15 degrees of bilateral lateral bending. Tenderness was identified at both sacroiliac joints. The note indicates the patient having a positive tripod's sign as well as a positive Gaenslen's signs bilaterally. The therapy note dated xxxx indicates the patient having initiated physical therapy at that time. The patient had continued complaints of lumbosacral pain. The patient rated the pain as 8/10. The note indicates the initial injury occurred when she was xxxxxwhile walking across a parking lot on xx/xx. The clinical note dated xxxx indicates the patient continuing with 5/10 low back pain. Tendons identified at the L3-4, L4-5 and L5-S1 levels. Procedure note dated xxxx indicates the patient undergoing facet blocks at L4-5 and L5-S1 on the left. The procedure note dated xxxx indicates the patient undergoing facet blocks at L4-5 and L5-S1 on the right. The clinical note dated xxxx indicates the patient rating the low back 6-9/10. The clinical note dated xxxx indicates the patient rating the low back as 4-10/10. The patient continue with a positive Gaenslen's test. No other provocative findings were identified. The patient was able to demonstrate 45 degrees of lumbar sacral flexion along with 10 degrees of bilateral flexion and 10 degrees of extension. A right the utilization reviews dated xxxx and xxxxxx resulted in denials for an sacroiliac joint injection as insufficient information was submitted confirming the presence of the sacroiliac joint as a pain generator.

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

The documentation indicates the patient complaining significant levels of low back pain. The clinical notes indicate the patient demonstrating significant range of motion deficits as well. A sacroiliac joint injection is indicated for patients who have completed all conservative treatments and a minimum of three provocative findings have been identified in the submitted documentation. There is an indication the patient has a positive Gaenslen's test. However, no other provocative findings were identified in the clinical notes confirming that the patient confirming sacroiliac joint as a pain generator. Given the lack of information

confirming sacroiliac joint injection as a pain generator this request is not indicated as medically necessary. As such, the opinion of this reviewer that the quest for sacroiliac joint injection bilaterally 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)