

Vanguard MedReview, Inc.

4604 Timken Trail
Fort Worth, TX 76137
P 817-751-1632
F 817-632-2619

June 28, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral S1 Sacroiliac Injection with IV Sedation

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

This case was reviewed by a Board Certified Doctor of Orthopedic Surgery with over 18 years of experience.

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]:

XX/XX/XX: Office Visit. **HPI:** Pt had reconstruction at the 5-1 level. Clinically, he is doing very well. No interval complaints. He is progressing very well considering he has gone back to heavy lifting. XX follows up today for his L5-S1 spondylolisthesis, status post fusion in XX/XXXX. He is now 7 months out from surgery and is continuing to do well. He has progressed activities as tolerated and has returned to full duty at work. He is maintaining an exercise regimen, including weights and core strengthening. He is intermittently taking naproxen for back pain. **Assessment:** His posterior incision site is well healed. He has full ROM with flexion and extension without tenderness to palpation to the lumbar region. Muscle strength is 5/5 to bilateral lower extremities. **Plan:** FU 6 months

XX/XX/XX: Office Visit. **HPI:** 1 year s/p 360 fusion I5/s1 on XX/XX/XX, pt states pain has been tolerable since surgery until abrupt onset of lt back pain w/ lt leg numbness 1 month ago. Pt does have some intermittent rt hip nerve pain. Pt reports returning full duty work 10 months ago. **Physical Exam:** There are surgical scars at the lumbar spine that are well healed, the anterior/flank/abdomen that are well healed. His gait is balanced. Paravertebral muscles are tender on the left. Lumbar ROM is normal in all directions. Spinous processes are tender at the lower region. Spinous processes comments: a midline between the 2 incisional areas. Tenderness to palpation at left I5/s1. Lower extremities strength is symmetrically present in all lower extremity muscle groups. Lower extremities reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. **X-Ray Review:** stable I5/s1 hardware without signs of failure. **Plan:** HWR block left I5/s1 with XX, l spine MRI.

XX/X/XX: AP Views and Extension Views of Lumbar Spine. **Impression:** 1. Prior lumbar fusion at L5-S1 level. 2. On the flexion view, there is a 7.3 mm retrolisthesis of L5 on S1 which is reduced to 8.2 mm on the extension view.

XX/XX/XX: Operative Report. **Post-Operative Diagnosis:** Status post L5-S1 fusion with painful hardware left L5-S1. **Procedure:** 1. Left L5 and S1 Screw head arthrograms with fluoroscopic control. 2. Injection of left L5 and S1 screw heads.

XX/XX/XX: Office Visit. **HPI:** f/u L5/S1 hardware block inj XX/XX/XX. Pt states localization of pain correlated with his normal pain at hardware. Injection did not provide any relief. Lspine MRI denied. **Physical Exam:** Paravertebral muscles are tender on the left. Lumbar ROM is normal in all directions. Spinous processes are tender at the lower region. Spinous processes. A midline between the 2 incisional areas. Tenderness to palpation at left L5/S1 screws. Palpable screws. **Assessment:** 1 year s/p 360 fusion L5/S1 hardware pain. Pt has consistent localized pain correlating to hardware at that level. Pt has consistent pain localized at injection site. Discussed plan for hardware removal on lt L5/S1. He is agreeable. Screw palpable, tender to palpation. **Plan:** Submit for HWR left L5/S1. Resubmit for Lspine MRI.

XX/XX/XX: AP Views, Flexion and Extension Views of Lumbar Spine. **Impression:** 1. Previous L5-S1 fusion. 2. Mild anterior step off of L5 on S1 with minimal change on extension and flexion.

XX/XX/XX: Office Visit. **HPI:** Pt was due to have a HWR surgery, however his surgery was denied by WC. Pt had a L5/S1 hardware block injection XX/XX/XX with no improvement in his symptoms. Pt continues to have low back pain localized to the location of his hardware. Pt says that his pain is reproducible with extension of his spine. Pt says that his pain worsens when he lifts. At work, pt is required to repeatedly lift objects. Pt says that his pain is causing him to have difficulty lifting objects as a part of his job. Pt says that his pain is severely worsening, to the point where it is affecting his ability to work. Pt's pain has been persistently worsening for the past 6 months with zero improvement and has been greatly affecting his quality of life as well as his quality of work. **Physical Exam:** Pt appears older than his stated age. He is sitting comfortably. He does not have difficulty acquiring a full, upright position when getting out of the chair. He is 5 ft 10 in in height and weighs 195lbs with an overweight build. Cranial nerves are intact. Severe point tenderness over the location of the left L5/S1 hardware. **Assessment:** 1.5 year s/p 360 fusion L5/S1. Pain is persistent localized to the region of the left L5/S1 hardware. **Plan:** Pt requires a HWR procedure to remove the left L5/S1 hardware. This would relieve pt's pain which is due to the hardware. Pt would be able to return to work in 2-3 weeks with great improvement in his ability to work. Resubmit HWR left L5/S1.

XX/XX/XX: Office Visit. **HPI:** Pt presents today for Pre Op HWR L5-S1 on XX/XX/XX. Pt had a L5/S1 hardware block injection XX/XX/XX with no improvement in his symptoms. Pt continues to have low back pain localized to the location of his hardware reproducible with extension of spine. Pt says that pain worsens when he lifts. At work he is required to repeatedly lift objects. Pain is causing him to have difficulty lifting objects as a part of his job. Pt says that his pain is severely worsening and affecting his ability to work. Pain has been worsening for the past 6 months with zero improvement and has greatly affected his quality of life. Currently not working. **Physical Exam:** Severe point tenderness over the location of the L5/S1 hardware. Lower extremity strength is symmetrically present in all lower extremity muscle groups. Lower extremities reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. **Assessment:** 1.5 year s/p 360 fusion L5/S1. Pain persistent localized to the region of the left L5/S1 hardware. **Plan:** Continue with plan for HWR L5/S1 on X/X/XX

XX/XX/XX: Operative Report. **Post-Operative Diagnosis:** Pervious fusion at L5-S1 with left sided painful hardware. **Procedure:** 1. Use of C-arm fluoroscopy. 2. Exploration of fusion and removal of the left L5 and S1 screw and rod construct.

XX/XX/XX: Office Visit. **HPI:** Post op L5-S1 hardware removal on XX/XX/XX. He has no incisional complaints. He has no pain/fever. He is off all medications and is doing remarkably well. **Assessment:** post of L5-S1 hardware removal, incision intact with no evidence of infection, pain resolution post operatively. **Plan:** Patient is doing remarkably well. He will return to work with restrictions of no more than 30 pounds. Avoid excessive bending and

twisting. Follow up in 4 weeks.

XX/XX/XX: Office Visit. **HPI:** 3 Months post op. He was doing well after his surgery up until his last visit. Over the past 2 weeks, he has been developing worsening low back pain which radiates to his bilateral buttocks. He says the pain is worse on his right side than his left. He c/o some intermittent numbness and tingling down his bilateral LE. He denies leg weakness, saddle numbness or b/b incontinence. **Physical Exam:** Straight leg raises are normal bilateral. Bilateral S1 joint tenderness, right> left. Positive right sided figure 4 test. Lower extremities strength is symmetrically present in all lower extremity muscle groups. Lower extremities reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. **Plan:** I believe that XX symptoms are mainly due to his developing bilateral S1 joint dysfunction. We will start him on Mobic for an NSAID regimen. We will start PT as well. Bilateral S1 joint injection PT. FU after injection.

XX/XX/XX: Operative Report. **Post-operative Diagnosis:** Spondylosis w/o myelopathy or radiculopathy.
Procedure: Bilateral Sacroiliac joint injection.

XX/XX/XX: Office Visit. **HPI:** After his HWR, he developed bilateral S1 joint dysfunction. He had a bilateral S1 joint injection with improvement in his symptoms. However, over the past few weeks, he has had increased bilateral buttock pain. His job is very labor intensive with heavy lifting, which increases his low back pain. He says his buttock pain is worse with bending over and lifting. Over the course of the day, he develops pain which radiates down his bilateral LE, right>left. Intermittent numbness in his bilateral LE. **Physical Exam:** Straight leg raises are normal bilateral. Bilateral S1 joint tenderness, right>left. Positive right sided figure 4 test. Lower extremities strength is symmetrically present in all lower extremity muscle groups. Lower extremities reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. **Assessment:** He has developed worsening low back and bilateral buttock pain right>left. Intermittent numbness down his bilateral LE. On exam, he has evidence of S1 joint dysfunction. He has bilateral S1 joint tenderness right>left. Positive right sided figure 4 test. Negative seated straight leg raise. **Plan:** At this time, I believe that XX symptoms are mainly due to his developing bilateral S1 joint dysfunction. He has had benefit in the past with bilateral S1 joint injection and he would like a repeat injection. I discussed with XX the possibility of an underlying auto-immune disorder which is contributing to his S1 joint dysfunctions along with his daily work activities. Discussed the possibility of obtaining diagnostic lab work to determine this. Bilateral S1 joint injection. F/U after injection.

XX/XX/XX: UR. **Rationale for Denial:** The request for bilateral SI sacroiliac injection with IV sedation is not medically necessary. The ODG guidelines do not recommend therapeutic sacroiliac joint injections. The medical record provided did not document a satisfactory medical rationale supporting the need to deviate from guideline recommendations. As such, the request is not recommended.

XX/XX/XX: UR. **Rationale for Denial:** The claimant is noted with complaints of pain in the lower back with radiation down the lower extremities. He notes numbness in the lower extremities. He had previous bilateral SI joint injections with improvement in symptoms. An exam notes SI joint tenderness and positive right sided figure four test. However, there is limited (lacks three provocative findings) evidence of SI joint dysfunction. Fusion consideration is also not evident. Therefore, a bilateral S1 sacroiliac injection with IV sedation is not medically necessary.

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

The request for bilateral sacroiliac (SI) joint injections is denied. The patient is current dealing with pain in the lower back and buttocks. He has pain radiating down his legs. He has completed a 360 degree fusion at L5-S1 followed by a posterior hardware removal in XX/XXXX. He then underwent sacroiliac (SI) joint injections in XX/XXXX, which gave him temporary pain relief. The patient currently has a positive figure 4 test (FABER) on the right side only. He has SI joint tenderness bilaterally. The Official Disability Guidelines (ODG) does not support intra-articular SI joint injections for non-inflammatory SI joint pathology. Inflammatory SI pathology is typically treated with medications by rheumatologists. The patient should complete the appropriate blood tests to

determine whether he has a rheumatologic condition. The radicular symptoms that the patient is experiencing are not related to his SI joints. The patient should undergo a MRI of the lumbar spine to determine whether he has adjacent segment degeneration at L4-5. He may also require a CT-myelogram to determine whether he has a pseudarthrosis or residual nerve compression at the L5-S1 fusion site. SI joint injections are not medically necessary at this point in time.

Per ODG:

Not recommended (neither therapeutic sacroiliac intra-articular nor periarticular injections) for non-inflammatory sacroiliac pathology, based on insufficient evidence. Recommended on a case-by-case basis injections for inflammatory spondyloarthropathy (sacroiliitis). This is a condition that is generally considered rheumatologic in origin (classified as ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy). Instead of injections for non-inflammatory sacroiliac pathology, conservative treatment is recommended. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment. Also see [Sacroiliac problems, diagnosis](#); [Sacroiliac injections, diagnostic](#).

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

- ACOEM- AMERICAN 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)