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DATE NOTICE SENT TO ALL PARTIES: Apr/15/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: prospective bilateral sacroiliac (SI) joint injection for the sacroiliitis/low back x 2 units

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

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 opinion of the reviewer that the request for prospective bilateral sacroiliac (SI) joint injection for the sacroiliitis/low back x 2 units is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient underwent sacroiliac joint injection on XX/XX/XX and XX/XX/XX. Follow up note dated XX/XX/XX indicates that the patient reported 90% improvement after SI joint injection. Note dated XX/XX/XX indicates that the patient has previously experienced significant relief (90%) of his sacroiliac joint pain on 12 different occasions dating back to XXXX. On average they seem to provide relief for 5 months duration. Follow up evaluation dated XX/XX/XX indicates that the patient complains of pain in the low right back and low left back. Pain is rated as 8/10. Treatment to date includes LESI right L5-S1 on XX/XX/XX, SI joint injection on 11/XX/XX/XX-XX/XX/XX, spinal cord stimulator trial on XX/XX/XX, sacroiliac joint injection on XX/XX/XX, lumbar epidural steroid injection on XX/XX/XX and sacroiliac joint injection on XX/XX/XX. Current medications are aspirin, Coumadin, metformin and Plavix. On physical examination there is tenderness to palpation lower lumbar facet joints. Kemp's test is positive. Patrick's test is positive bilaterally. Gaenslen's test is positive bilaterally. There is tenderness to palpation to the bilateral sacroiliac joints. Initial request for bilateral sacroiliac joint injection was non-certified on XX/XX/XX noting that the request is not supported by the Official Disability Guidelines. The guidelines do not support the use of sacroiliac joint injections unless trial for conditions such as spondyloarthropathy, with rheumatological condition, ankylosing spondylitis, psoriatic arthritis, reactive arthritis, inflammatory bowel disease, associated arthritis or undifferentiated spondyloarthropathy. The available documentation indicates that after the last sacroiliac joint injection in XX/XXXX, follow up examination revealed ongoing pain generators of the SI joint; however, no specific appreciation of decrease pain pattern observed in the SI joint region. The denial was upheld on appeal dated XX/XX/XX noting that the claimant does not meet the requirements of the Official Disability Guidelines Hip and Pelvis Chapter.

According to the Official Disability Guidelines, SI joint injections are not recommended for non-inflammatory sacroiliac pathology based on insufficient evidence. They are recommended on a case-by-case basis for inflammatory spondyloarthropathy (sacroiliitis).

There is no clear documentation showing why this injection would be necessary at this time. There is no documentation showing long term treatment plan. There is also no documentation showing the claimant has tried and failed conservative care.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in XX/XXXX and has undergone extensive treatment including multiple sacroiliac joint injections. The Official Disability Guidelines no longer support the performance of sacroiliac joint injections 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. The submitted records fail to establish that the patient presents with a condition for which the Official Disability Guidelines would support the performance of a sacroiliac joint injection. Additionally, there is no documentation of any recent active treatment. As such, it is the opinion of the reviewer that the request for prospective bilateral sacroiliac (SI) joint injection for the sacroiliitis/low back x2 units is not recommended as 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)