

Applied Assessments LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 05/05/2016

Review Outcome:

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

Orthopedic Surgery

Description of the service or services in dispute:

Right sacroiliac injection IV sedation

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 with a request for right sacroiliac injection with IV sedation. The patient was noted to be status post right sacroiliac joint injection on XX/XX/XX. The patient also underwent an L4-5 fusion XX/XX/XX. On XX/XX/XX, the patient reported increased bilateral SI joint discomfort. The patient also stated she has had multiple SI joint injections in the past with very good relief of her symptoms. The patient also had further evaluation for SI joint dysfunction. The physical examination revealed tenderness to the bilateral SI joints. An x-ray performed inhouse revealed good hardware position without signs of loosening or failure. The treatment plan included a referral for SI joint evaluations. On XX/XX/XX, it was noted the patient's last injection was in XX/XXXX. The patient did not have a rhizotomy. A detailed physical examination was not noted. The treatment plan included proceeding with an injection prior to moving on to a medial branch rhizotomy and fusion of the joint from failure. A request was received for right sacroiliac injection IV sedation.

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

According to the Official Disability Guidelines, Sacroiliac injections are not recommended for non-inflammatory sacroiliac pathology, however, may be utilized on a case-by-case basis for inflammatory spondyloarthropathy (sacroiliitis) to include ankylosing spondylitis, psoriatic arthritis, reactive arthritis, arthritis associated with inflammatory bowel disease, and undifferentiated spondyloarthropathy.

The patient was noted to be a female with complaints of sacroiliac joint pain. The patient underwent a previous injection on XX/XX/XX and XX/XXXX with reported 1 month pain free symptomatology. However, there is lack of clinical documentation indicating the patient has diagnosis of ankylosing spondylitis, psoriatic arthritis, reactive arthritis, or arthritis associated with inflammatory bowel disease. There is also a lack of clear rationale to indicate the necessity for repeat sacroiliac joint injections versus a radiofrequency neurotomy or biologic treatments to include antiTNF and/or disease modifying antirheumatic drugs. Based on the above, the request for right sacroiliac injection IV sedation remains upheld.

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 Medical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)