

## Pure Resolutions LLC

An Independent Review Organization

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### Notice of Independent Review Decision

Case Number:

Date of Notice: 05/10/2016

#### Review Outcome:

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

Anesthesiology And Pain Management

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

Outpatient second right sacroiliac joint injection under fluoroscopy with intravenous 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 male who reported an injury on XX/XX/XX when lifting and twisting. The patient was diagnosed with postlaminectomy syndrome of the lumbar spine, recurrent left lumbar radiculopathy, and sacroiliac joint arthropathy. The patient was noted to have undergone a sacroiliac joint injection on XX/XX/XX with reported significant reduction of pain the day after. A second sacroiliac joint injection was performed on XX/XX/XX. The follow-up note dated XX/XX/XX indicated the patient reported the SI joint was mild to moderately tender but a "whole lot better." The patient was still noted with a mildly positive Patrick's test and the patient's pain was down to 3/10 to 4/10 which was previous 9/10 to 10/10. The followup dated XX/XX/XX indicated the patient reported relieving at least 70% to 80% on of the back/buttock pain with the previous SI joint injection.

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

The Official Disability Guidelines do not recommend therapeutic sacroiliac injections for noninflammatory sacroiliac pathology. These are recommended on a case by case basis for inflammatory spondyloarthropathy. The documentation submitted for review indicated the patient has had 2 previous sacroiliac injections. The most recent was noted to have a 75% to 80% relief of pain. The documentation failed to provide evidence of functional improvement due to use of these injections as well as extended duration of pain relief. No rationale was noted for the requested intravenous sedation. There are no exceptional factors noted to warrant treatment outside of the guideline recommendations. As such, the previous determination is upheld and the requested outpatient second right sacroiliac joint injection under fluoroscopy with intravenous sedation is not 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)