

US Decisions Inc.

An Independent Review Organization
8760 A Research Blvd #512
Austin, TX 78758
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

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

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Right sacroiliac injection with IV sedation

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

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 this reviewer the request for right sacroiliac injection with IV sedation is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: Patient is a female with complaints of back pain. On XX/XX/XX, she received a right sacroiliac joint injection with with steroid under local anesthetic. On XX/XX/XX, she was taken surgery for a laminectomy, decompression and fusion at L4-5 level. On XX/XX/XX, she received a right sacroiliac joint injection. On XX/XX/XX, she was seen in clinic. She reported four days she porting feeling better for days from her injection. On XX/XX/XX, the patient turned to clinic. She is one month status post right sacroiliac joint injection, and on exam, straight leg raise was normal. She had a positive right Patrick's test, positive right sacroiliac compression and distraction test.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: On XX/XX/XX, a peer review report noted the requested right sacroiliac joint injection with IV sedation was not medically necessary. It was noted there was no significant improvement with the prior injection, therefore the request was not supported.

On XX/XX/XX, a peer review report noted the requested right sacroiliac joint injection on appeal using IV sedation was not medically necessary, as there was no documentation noting functional improvement and or significant and maintained pain reduction with the prior sacroiliac joint injection. It was noted furthermore the request not been proven in large volume high quality medical literature to be an effective treatment and therefore the request was non-certified.

The guidelines indicate at this time that a SI joint injection is not supported, as there is no further definitive treatment recommended going forward.

It is the opinion of this reviewer the request for right sacroiliac injection with IV sedation is not medically necessary and 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)