

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/11/2016

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:

Sacroilia (SI) joint injection right

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 with a date of injury of XX/XX/XX due to losing his balance and twisting his back. The patient is currently diagnosed with sacroiliitis. The patient's current medication list includes Celebrex, Vicodin, and morphine. The patient has had previous physical therapy visits in the amount of 20 sessions, as well as home exercise. It is also noted that the patient has had a previous transforaminal epidural steroid injection with approximately 20% relief, as well as lumbar medial branch blocks with no benefit. On XX/XX/XX, the patient was seen for a recheck. The physician references an unofficial MRI indicating the patient has stenosis and a bulging disc. On exam, the physician indicated the patient had a normal gait with normal muscle strength and tone. The lumbosacral spine had tenderness to the right paraspinals and right sciatic notch. The physician indicated all planes were limited as well as stiff and painful. The patient had a positive straight leg raise. The physician indicated the patient should followup with pain management as well as return to the clinic in 4 weeks for reassessment.

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

The Official Disability Guidelines do not recommend sacroiliac injections for diagnostic or therapeutic use. It is indicated that there is no further definitive treatment that could be recommended based on any diagnostic information. The most recent documentation submitted for review only indicates the patient suffers from decreased range of motion, as well as tenderness to the sciatic notch. Given that this injection is not supported by guideline criteria as there is a lack of medical research to indicate any benefit, and the patient only has tenderness to the sacroiliac notch, this injection would not be supported at this time. As such, the disputed Sacroilia (SI) joint injection right denial 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 Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)