

# Parker Healthcare Management Organization, Inc.

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IRO Cert#5301

**DATE OF REVIEW:** APRIL 30, 2018

**IRO CASE #:** XXXXXX

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of the proposed Bilateral XX, (20796, G0260)

## **A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer is Board Certified in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

## **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- XX Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
M62.830	20796		Prosp	1			XXXX	XXXXXX	Upheld
M62.830	G0260		Prosp	1			XXXX	XXXXXX	Upheld

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX who was injured on XXXX, while operating a XX, resulting in immediate low back pain. The claimant was diagnosed with chronic pain syndrome, sacroiliitis, and back spasm. The back pain had been persistent and spreads through the bilateral thighs in the sciatic distribution. Current medications included XX. Prior request for sacroiliac joint injections were not authorized on XXXX, due to lack of benefit of the procedure per the guidelines and lack of diagnostic imaging submitted with the request. A request for reconsideration from XXXX, again noted the proposed treatment did not met medical necessity of the guidelines. The evaluation of XXXX, noted the claimant complained of pain in the low back, hip, shoulder, and upper leg. The claimant reported the pain symptoms had been present for approximately XX and was rated 9-10/10 on the visual analog scale. Prior treatment included physical therapy, which was noted to make the claimant worse and anti-inflammatory medications, which were ineffective in relieving the pain. On examination, there were positive FABER signs in the bilateral sacroiliac joints. The lumbar spine had paraspinal muscle spasms and tenderness to palpation. Deep tendon reflexes were intact. There was normal strength in the lower extremities. There was no atrophy. Tone was normal. Sensation was normal. Gait was normal. The diagnoses were chronic pain, sacroiliitis, and back spasm. It was noted, per the physician, the claimant had foraminal stenosis on lumbar MRI, right greater than left. The recommendation was for muscle relaxant, sacroiliac joint injection, and possible lumbar epidural steroid injection. An MRI of the lumbar spine on XXXX,

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reported multilevel disc disease, spondylosis, and facet arthropathy throughout the lumbar spine. There was no central stenosis at any level of the lumbar spine. Varying degrees of foraminal stenosis was noted at L4-L5. There was mild bilateral foraminal stenosis at L4-L5. Mild-to-moderate left and moderately severe right foraminal stenosis was seen at L5-S1. Additional evaluations were performed XX. The claimant was released to work without restriction on XXXX. In the evaluation most recently performed, on XXXX, the claimant reported pain rated 7-10/10 on the visual analog scale. Medications included cyclobenzaprine. At that appointment, the claimant was prescribed XX with XX. A new diagnosis of spondyloarthritis was documented. The examination was unchanged from the XXXX evaluation. There were inconsistent urine toxicology screens, negative for XX; however, the claimant reported taking that medication as needed. Again, sacroiliac joint injections were requested for reactive spondyloarthritis of the bilateral sacroiliac joints upon insurance approval. Additional evaluation was provided from XXXX.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

**RATIONALE:** The request cannot be supported. There is no radiographic documentation of spondyloarthritis in the records reviewed. The guidelines would not support sacroiliac joint injections for non-inflammatory sacroiliac pathology, as there is insufficient documentation supporting benefit of the procedure. Recent failure of conservative treatment to include documentation of physical therapy targeting the sacroiliac joints has not been provided. In addition, the physical examination findings are not wholly supportive of symptomatic sacroiliitis, noting that only one positive examination finding was noted in the records reviewed. The guidelines indicate sacroiliitis should be diagnosed with at least three physical examination findings. The diagnostic evaluation should first address any other possible pain generators, such as noting that the claimant has foraminal stenosis on examination, mild-to-severe and multilevel degenerative disc disease. The history and physical should also suggest the diagnosis. If pain is present above L5, it is generally not thought to be from the sacroiliac joint. The request for bilateral sacroiliac injection is not certified.

Official Disability Guidelines

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Hip and Pelvis (Acute and Chronic)

(updated 12/28/17)

Sacroiliac injections, therapeutic

Not recommended (neither therapeutic sacroiliac intra-articular nor periarticular injections) for non-inflammatory sacroiliac pathology, based on insufficient evidence. Recommended on a case-by-case basis as 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. Current research is minimal in terms of trials of any sort that support the use of therapeutic sacroiliac intra-articular or periarticular injections for non-inflammatory pathology. Below are current reviews on the topic and articles cited. There is some evidence of success of treatment with injections for inflammatory spondyloarthropathy, although most rheumatologists now utilize biologic treatments (anti-TNF and/or disease modifying antirheumatic drugs) for treatment.

Sacroiliac problems, diagnosis

Recommend the physical examination diagnostic criteria below as a primary indication of pain related to the sacroiliac joint (based on consensus opinion), with respect to sacroiliac joint pain,

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sacroiliac complex pain and sacroiliac dysfunction diagnostic signs and symptoms (physical and imaging for non-inflammatory pathology). Do not recommend imaging studies for non-inflammatory pathology. Imaging studies are primarily recommended to rule out spondyloarthropathies (sacroiliitis) and other non-sacroiliac pathology.

See also Sacroiliac injections, diagnostic; Sacroiliac injections, therapeutic; Sacroiliac radiofrequency neurotomy.

Suggested physical examination indicators of pain related to sacroiliac joint pathology (acknowledging the contradictory findings in current research):

(1) The history and physical should suggest the diagnosis. Pain may radiate into the buttock, groin and entire ipsilateral lower limb, although if pain is present above L5, it is generally not thought to be from the SI joint.

(2) There should be documentation of at least 3 positive exam findings to suggest the diagnosis. The five tests most recommended include the pelvic distraction test, pelvic compression test, thigh thrust test, FABER (Patrick's test) and Gaenslen's test.

(3) Diagnostic evaluation must first address any other possible pain generators.

## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES