

Applied Resolutions LLC
Notice of Independent Review Decision

Case Number: XX

Date of Notice: 2/11/2019 4:06:53 PM CST

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IRO REVIEWER REPORT

Date: 2/11/2019 4:06:53 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX SI joint XX block-XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine, Physical Medicine & Rehab

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX. XX sustained a work-related injury on XX. The mechanism of injury was detailed as XX. XX went on to have XX XX with XX of XX-XX and XX-XX. XX continued to have pain down XX XX and had a XX. The ongoing diagnoses were positive diagnostic and therapeutic XX joint injection; XX disorders, not elsewhere classified (XX.XX); and XX without XX or radiculopathy of the XX region (XX.XX). XX evaluated XX. XX on XX for a follow-up after a XX XX joint injection on XX. XX. XX reported that XX had visited the hospital because of adverse reaction to XX. XX had about XX-and-a-XX weeks of excellent pain relief. The pain had returned but was not quite all the way to baseline. The examination showed a XX jump sign with tenderness in the XX XX joint exacerbated with a XX-to-XX Patrick FABER test on seated to standing test. XX had some radiating pain from the XX joint into the XX area, but not down the XX. The assessment was positive diagnostic and therapeutic XX joint injection. XX noted XX. XX had a XX in the past and would like to do a XX XX joint XX block to see if they mimicked the XX and gave XX good results,

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then they could potentially proceed with XX joint XX. A XX CT scan of the XX XX dated XX, showed status post posterior XX to XX XX fusion with XX XX screws, interbody fusion at XX-XX, and XX-XX, XX fusion without CT evidence of XX loosening. There were multilevel XX-type XX XX in association with XX narrowing of the XX XX, XX XX XX, prominent posterior epidural fat at XX-XX, and the exaggerated XX of the XX XX XX, resulting mild XX-XX and moderate XX XX XX. There was mild-to-moderate XX XX-XX neural foraminal narrowing and mild XX XX-XX XX. The treatment to date included medications (XX, XX, and XX), XX radiofrequency neurotomy / XX, and XX XX joint injection. Per an adverse determination letter dated XX by XX, the request for XX XX joint XX block on the XX side was not certified. Rationale: Peer-to-peer contact was not successful. The Official Disability Guidelines did not recommend, due to the lack of evidence, supporting use of this technique. XX. XX reported XX joint pain. On physical examination, there was a XX jump sign with tenderness of the XX XX joint exacerbated with XX-to-XX Patrick FABER test on seated to standing test. XX. XX had some pain radiating from the XX joint into the XX area but not down the XX. However, the ongoing treatment remained investigational. As such, the request for XX XX joint XX block was noncertified. Per a clinic note dated XX, XX documented that the XX XX joint XX block had been denied by XX XX XX. There was a peer-to-peer requested for this and XX had returned the peer-to-peer doctor's phone call on XX and XX a message to call his cell phone, but he had never heard XX until they got the notice of adverse determination. XX documented that XX. XX had successful XX to XX weeks of good pain relief from the XX joint injection. XX had a previous XX radiofrequency neurotomy / XX at another facility. XX had explained to XX. XX that more recently, the XX joint XX were not getting approved by XX XX, so he wanted to do a XX block to mimic the result of the XX to show positive evidence that a XX might help if approved. XX was not able to have this discussion with the peer-to-peer doctor, as they never actually spoke. He would appeal the adverse determination to see if they could get the XX XX XX block approved. Per an adverse determination letter dated XX by XX, the appeal request for XX XX joint XX block on the XX side was denied. Rationale: "A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. Regarding the block, the patient complained of XX joint pain. There was also discomfort on examination. The patient was recommended the block to mimic the results of the prior XX joint XX and give XX good results to potentially proceed with a repeat XX joint XX. This case is previously denied due to a lack of evidence to support the procedure. The guidelines state that a radiofrequency neurotomy is not recommended. The guidelines also state that diagnostic XX injections are not recommended. There are no extenuating circumstances that would warrant the usage outside of the guideline recommendation. As such, the request for XX XX joint XX block – XX is non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

Based on the clinical information provided, the request for XX XX joint XX block, XX, XX - Injection of XX substance for XX of XX joint, XX - Other Evaluation and Management Services is not recommended as medically necessary, and the previous denials are upheld. Per an adverse determination letter dated XX by XX, the request for XX XX joint XX block on the XX side was not certified. Rationale: Peer-to-peer contact was not successful. The Official Disability Guidelines did not recommend, due to the lack of evidence, supporting use of this technique. XX. XX reported XX joint pain. On physical examination, there was a XX jump sign with tenderness of the XX XX joint exacerbated with XX-to-XX Patrick FABER test on seated to standing test. XX. XX had some pain radiating from the XX joint into the XX area but not down the XX. However, the ongoing treatment remained investigational. As such, the request for XX XX joint XX block was noncertified. Per an adverse determination letter dated XX by XX, the appeal request for XX XX joint XX block on the XX side was denied. Rationale: "A peer-to-peer discussion was unsuccessful despite calls to the doctor's office. Regarding the block, the patient complained of XX joint pain. There was also discomfort on examination. The patient

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was recommended the block to mimic the results of the prior XX joint XX and give XX good results to potentially proceed with a repeat XX joint XX. This case is previously denied due to a lack of evidence to support the procedure. The guidelines state that a radiofrequency XX is not recommended. The guidelines also state that diagnostic XX injections are not recommended. There are no extenuating circumstances that would warrant the usage outside of the guideline recommendation. As such, the request for XX XX joint XX block – XX is non-certified. Conversations between the requesting provider and the reviewing physician, if any, may provide additional information for the reviewing physician to consider; however, a lack of a successful peer-to-peer conversation does not result in an automatic adverse determination. Utilization review decisions are based on evidence-based guidelines and the medical documentation submitted for review.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. The submitted clinical records indicate that the patient reported pain relief for only XX XX weeks following prior XX XX joint injection. There is no documentation of decreased medication usage or increased functionality. The submitted clinical records indicate that the patient has been recommended for SI joint XX block to see if they can mimic the XX and give XX good results and then they can potentially proceed with SI joint XX. However, the Official Disability Guidelines note that XX radiofrequency XX is not recommended due to the lack of evidence supporting use of this technique. When treatment is outside the guidelines, exceptional factors should be noted. There are no exceptional factors of delayed recovery documented. Therefore, given the documentation available, the requested service(s) is considered not medically necessary in accordance with current evidence based guidelines and the decision is upheld.

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

MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Criteria for the use of Epidural steroid injections