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Notice of Independent Review Decision

DATE: June 29, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral Sacroiliac Joint Rhizotomy (64635)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Orthopaedic Surgery with over 13 years of experience.

REVIEW OUTCOME:

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

☒ Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
04/08/12: ED Nursing Record
04/08/12: ED Physician Record
09/11/12, 10/17/12, 11/19/12, 07/11/13: Office Visits
09/29/12: MRI L-Spine W/O Contrast report
10/31/12, 12/12/12: Operative Reports
07/30/13, 01/31/14, 03/14/14: Office Visits
10/14/13: Office Visit
01/16/14: Office Visits
04/16/14: UR
05/21/14: UR

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his lower back on xx/xx/xx.

Xx/xx/xx: The claimant was evaluated after sustaining a work-related injury. He was discharged to home with a diagnosis of a lumbar strain.

09/11/12: The claimant was evaluated. It was noted that he had difficulty attending physical therapy but had been doing exercises on his own. He had not made any further progress and was noted to still have pain after his original injury.

He was taking hydrocodone and Tramadol as well as ibuprofen. On exam, he pointed to L5-S1 in the superior pole of the SI joints as the source of his pain. He had painful lumbar ROM and LROM. SLR was negative bilaterally. Facet loading test was questionably positive at L5-S1 bilaterally. Strength, sensation, and DTRs were normal. Fortin finger test was positive to the right and left. Yeoman's test was positive to the right and negative to the left. Faber test was negative to the right and left. Femoral thrust was negative. Stork test was questionably positive. An MRI scan was ordered.

09/29/12: MRI L-Spine W/O contras report. IMPRESSION: No central or foraminal stenosis is seen in the lumbar spine. A 1-mm bulge at L2-L3 abuts the thecal sac.

10/31/12: Operative report. POSTOPERATIVE DIAGNOSIS: Low back pain. Lumbosacral spondylosis. PROCEDURE: Left L4-L5 and L5-S1 facet joint injection. Fluoroscopic guidance for needle placement.

11/19/12: The claimant was evaluated who noted that he received no benefit from anesthetic phase of left facet injections. His pain level was noted to be 4/5. ordered a diagnostic/therapeutic sacroiliac joint injections.

12/12/12: Operative report. POSTOPERATIVE DIAGNOSIS: Low back pain. Sacroiliac joint dysfunction. PROCEDURE: Bilateral sacroiliac joint injection. Fluoroscopic guidance for placement.

07/11/13: The claimant was evaluated for low back pain. He was still having occasional low back pain. He was taking hydrocodone, Tramadol, and ibuprofen. It was noted that he "did get a positive response to the bilateral SI joint injections several months ago." On exam, paravertebral muscles were tender bilaterally. SLR was normal bilaterally. Lower extremity strength, reflexes, and sensation were normal. Fortin finger test was positive to the right and left. Yeoman's test was positive to the right and left. Faber test was positive to the right and left. He had positive stork test. He was given prescriptions for refills of ibuprofen, Ultram, and Norco. He was referred for consideration of sacroiliac joint rhizotomy.

07/30/13: The claimant was evaluated for low back pain. It was noted that he had been treated with physical therapy and oral medication. He did not complain of radiating leg pain. It was noted that he had lumbar facet injections without relief and sacroiliac injections provided two months' of sustained pain relief graded more than 70%. On exam, paravertebral muscles were tender bilaterally. SLR was normal bilaterally. Lower extremity strength, reflexes, and sensation were normal. He was to continue his medications as prescribed. He wanted to see and then consider rhizotomy if not improved.

10/14/13: The claimant was evaluated for complaints of low back pain rated at 4/10. He described that pain as dull and achy and at times burning. Sitting for long periods of time exacerbated the pain. On exam, there was mild-moderate restriction of lumbar ROM. Heel and toe walk were WNL. Motor strength was

WNL. DTRs at patellar and Achilles were 2+. Sensation was intact. Babinski was absent. Lumbar observation revealed no surgical scars, swelling, or dislocation. Lumbar palpation revealed hypertonicity and tenderness in the mid and lower paraspinal musculature bilaterally. There was some tenderness at the L5-S1 interspinous space and L4-L5 interspinous space. Rly's test was positive bilaterally. Nachla's test was positive bilaterally. Hibb's test was positive bilaterally. Hamstring DTR was 2+ bilaterally. Patrick-FABERE test was positive bilaterally. SLR was positive bilaterally between 45 and 50 degrees. adjusted an LP at L5 and PI ilium on the right side, and he immediately felt some relief. The treatment plan was for adjusting coupled with some active therapy to try to improve his range of motion and interferential and massage to try to work on some of the spasm and pain. The initial treatment plan was for nine visits over three weeks, three times each week.

01/16/14: The claimant was evaluated for low back pain. He was referred for SI rhizotomy. It was noted that his pain remained moderate to severe with no radiating leg pain. He had lumbar facet injections without relief. Sacroiliac joint injections provided two months of sustained pain relief graded more than 70%. On exam, paravertebral muscles were nontender with no evidence of spasm or trigger point. Lumbar ROM was normal. SLR was normal. Lower extremity strength, reflexes, and sensation were normal. Faber test was negative to the right and positive to the left. Pulses were present. He was to continue medications as prescribed and referred for rhizotomy.

03/14/14: The claimant was evaluated for sacroiliac rhizotomy referral. On exam, paravertebral muscles were nontender with no evidence of spasm or trigger point. Lumbar ROM was normal. SLR was normal. He had tenderness localized to the bilateral sacroiliac joints. He had positive Patrick's bilaterally and positive stork bilaterally. Lower extremity strength, reflexes, and sensation were normal. Faber test was negative to the right and positive to the left. Pulses were present. The assessment was low back pain due to sacroiliac joint dysfunction after work-related injury. Persistent pain despite conservative care and home exercises. He worked full time. Lumbar facet injections provided no relief. Sacroiliac joint injections provided complete pain relief for about six weeks with prolonged pain relief for over two months of about 70%. He was to his medication and working full time. It was noted that surgery was not indicated. noted that sacroiliac joint rhizotomies would be the next step but the guidelines do not recommend that. He noted that given his excellent response to the treatment and using that could radiofrequency technique, there did appear to be favorable evidence in the literature which was not cited in the ODG. He noted that current ODG references were relatively dated and did not cite some of the more current literature.

04/16/14: UR. RATIONALE: Official Disability Guidelines Treatment in Workers' Compensation does not support SI joint rhizotomy. The literature indicates evidence is limited for this procedure. There is no documentation of decreased use of medications after previous SI joint injection. The request for a rhizotomy of the SI joint bilaterally is not certified.

05/21/14: UR. RATIONALE: No additional medical records were provided for review for reconsideration process. The previous non-certification is supported. The ODG state that sacroiliac joint radiofrequency rhizotomy is not recommended as there is limited evidence supporting the efficacy of this procedure. It is also noted that the medical records indicate the claimant had significant pain relief with precious sacroiliac joint block. However, increased function and decreased pain mediation usage were not documented. Based on these factors, the reconsideration request for bilateral sacroiliac joint rhizotomy is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION: The previous adverse decisions are upheld. The Official Disability Guidelines (ODG) do not support sacroiliac joint radiofrequency neurotomy. Consistent long-term pain relief is not documented in the medical literature. both reported a positive FABER test on the left side only. It is unclear why the patient requires a bilateral procedure. There is no documentation of decreased use of medications after previous SI joint injection. The request for Bilateral Sacroiliac Joint Rhizotomy (64635) does not meet ODG criteria and is not medically necessary.

ODG:

Sacroiliac joint radiofrequency neurotomy	Not recommended. Multiple techniques are currently described: (1) a bipolar system using radiofrequency probes (Ferrante, 2001); (2) sensory stimulation-guided sacral lateral branch radiofrequency neurotomy (Yin, W 2003); (3) lateral branch blocks (nerve blocks of the L4-5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005); & (4) pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006) This latter study applied the technique to patients with confirmatory block diagnosis of SI joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in VAS score was found for 16 of these patients with a mean duration of relief of 20 ± 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. (Hansen, 2007) See also Intra-articular steroid hip injection; & Sacroiliac joint blocks. *Recent research*: A small RCT concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and functional benefit in selected patients with suspected sacroiliac joint pain. One, 3, and 6 months after the procedure, 11 (79%), 9 (64%), and 8 (57%) radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only 2 patients (14%) in the placebo group experienced significant improvement at their 1-month follow-up, and none experienced benefit 3 months after the procedure. However, one year after treatment, only 2 patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies are needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder. (Cohen, 2008)

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

- ☐ **ACOEM- AMERICAN 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)**