

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 04/10/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Lumbar facet injections

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. Physician's report dated 03/20/07
2. MRI scan report dated 06/08/06 of the lumbar spine showing degenerative facet joint changes and mild degenerative disc disease with no reference to disc herniation
3. Reports from treating doctor including 02/09/07 and 01/11/07 with report from 01/11/07 finding tenderness over the lumbar spine with decreased flexion and no reference to any symptom reproduction or intensification of the back pain with extension
4. Report dated 12/13/06
5. Required Medical Examination report of 09/06/06 indicating exaggerated pain of hypersensitivity to touch of the low back and guarded and suboptimal effort with the range of motion testing with extension to 20 degrees, did not identify whether this was with or without any change in his symptoms
6. Computerized muscle and range of motion testing report of 03/15/07
7. CT scan report of the right wrist dated 06/08/06
8. MRI scan report of cervical spine dated 06/30/06
9. Orthopedic report for 03/15/07

10. Report from treating doctor dated 02/09/07
11. Treatment notes from 02/16/07 and 02/02/07
12. Report from treating doctor dated 11/09/06 indicating that his review of the lumbar MRI scan shows a far left-sided lateral disc herniation at the L2/L3 level with smaller protrusions at L3/L4 and L4/L5, which was not commented on by prior doctor, nor by the radiologist who read the original MRI films, nor noted in any of the preceding notes of the treating doctor. On 11/09/06 the treating doctor discusses the recommendation for lumbar epidural steroid injections, not facet blocks
13. Report from treating doctor dated 08/03/06
14. Physician report dated 07/18/06
15. Report from treating doctor dated 06/01/06 as well as 05/02/06 note, with the first note from treating doctor.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee was involved in a work-related motor vehicle, reportedly sustaining injuries to his neck, left shoulder, lower back, and right wrist. He went on to have an MRI scan showing degenerative changes in the lumbar spine. This is consistent with all of the other physicians who have commented on the MRI scan with the exception of the treating doctor who feels as though there actually may be a far lateral disc herniation with 2 additional levels of disc pathology above and beyond that reported by the radiologist. Clearly there are degenerative changes involving the facet joints in the lumbar spine. The treating doctor discusses the use of epidural steroid injections and later discusses the need for a facet block.

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

It is my belief that both the epidural steroid injections and facet blocks have a role in the diagnosis and treatment of back pain. It is my belief in this case, however, that none of the physicians, either the treating doctors or those who have examined him outside of the treatment arena, have documented increased pain with back extension or back extension and rotation where the facet joints are asymmetrically loaded. Without such clue, proceeding with facet blocks is, in my opinion, not supported. It is also not supported if, in fact, it is believed that the pain is from a far lateral disc herniation, as the treating doctor. Due to the contradictions by the various physicians who have evaluated this gentleman and reviewed the records of this gentleman, it is not clear who to believe. One thing that is clear, however, is that no one has done the prerequisite back extension and back extension with rotation testing to diagnose a lumbar facet syndrome for which a lumbar facet block would be reasonable. If that were done and found to be positive, there would be more support for proceeding with a lumbar facet block.

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

*(Check any of the following that were used in the course of your review.)*

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)