

- Request for a Review by an Independent Review Organization dated 3/22/07, 4 pages.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 3/23/07, 1 page.
- Company Request for IRO Form dated 3/22/07, 3 pages.
- Letter of Medical Dispute Resolution dated 3/20/07, 1 page.
- Notice of Utilization Review Findings dated 3/19/07, 3/14/07, 3/19/07, 3/14/07, 10 pages.
- Review Letter of Medical Care dated 3/19/07, 3/14/07, 2 pages.
- Patient Information/Pre-Authorization Request dated 3/15/07, 3/5/07, 7 pages.
- Information Sheet (unspecified date), 1 page.
- E-Mail Message Note dated 3/19/07, 3/15/07, 3 pages.
- Letter for Reconsideration dated 3/15/07, 1 page.
- Notice of Employee's Work-Related Injury/Illness dated, 2 pages.
- History and Physical Notes dated 3/6/07, 3/5/07, 2/19/07, 1/24/07, 1/22/07, 12/20/06, 12/14/06, 11/16/06, 11/2/06, 10/24/06, 10/2/06, 9/19/06, 9/14/06, 9/5/06, 8/30/06, , 37 pages.
- Injury Questionnaire dated 8/25/06, 1 page.
- Radiology Report dated, 1 page.
- Cover Page/Note dated 10/19/06, 3 pages.
- Health Care Provider Detail (unspecified date), 1 page.
- Cover Page (unspecified date), 1 page.
- Case Claim Notes dated 3/8/07, 2 pages.
- Pre-Authorization Peer Review Form dated 3/13/07, 1 page.
- Acknowledgement of Reconsideration Request dated 3/15/07, 1 page.
- Letter of Agreement dated 3/15/07, 1 page.
- Notice of Intent to Issue an Adverse Determination dated 3/13/07, 2 pages.
- Fax Transmission Verification Report dated 3/15/07, 3/8/07, 2 pages.
- Authorization Request dated 1/15/07.
- Physical Therapy Evaluation dated 8/30/06, 1 page.
- Exercise Program dated 9/20/06, 9/19/06, 9/14/06, 9/11/06, 9/8/06, 8/31/06, 8/30/06, 2 pages.
- Charge Ticket/Daily Note dated 9/21/06, 9/20/06, 9/19/06, 3 pages.
- Progress Report dated 9/21/05, 1 page.
- Thoracic/Cervical Spine Reports dated 9/27/06, 2 pages.
- Examination Report dated 10/10/06, 1 page.
- Treatment Plan dated 10/10/06, 1 page.
- Daily Symptom Sheet dated 11/29/06, 11/27/06, 11/22/06, 11/20/06, 11/16/06, 11/14/06, 10/16/06, 10/13/06, 10/11/06, 10/10/06, 10 pages.
- Clinical Record dated 1/17/07, 12/12/06, 1 page.
- Operative Note dated 2/6/07, 1 page.

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Patient age:

Gender: Female.

Date of Injury:

Mechanism of Injury: Traumatic bus accident.

Diagnoses: Brachial neuritis; radiculitis; myalgia; shoulder dislocation; cervical vertebrae and neck sprain; low back pain.

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

After the patient's injury, the patient was placed on light duty. The patient was treated with cervical facet injections on 2/6/06 as noted in the report of 3/20/07 by the provider. The patient was able to return to work at full duty. As noted in that report, the patient is still complaining of pain in the low back, over the facet joints with pain on extension and lateral flexion. Physical examination revealed no sensory changes on the report dated 3/5/07. The patient's motor strength was 5/5 and reflexes are 2+ and 2+ in the musculoskeletal region of the knees, and 0 and 0 in the Achilles tendon. The plan is to perform bilateral intraarticular nerve blocks at L4-L5 and L5-S1. It was noted that physical therapy made the condition worse. The rationale for denial of the bilateral facet injection, as these are not supported by Official Disability Guidelines, which sets forth under Low Back, Chapter of Lumbar Intervertebral Intraarticular injections are not supported by Evidence-Based results, which failed to support the effectiveness of the lumbar intraarticular facet injections as for the treatment for chronic low back pain. Accordingly, the recommendation is for denial.

If applicable this section should include the following:

Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

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

[Check any of the following that were used in the course of this 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 CHRIOPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
