

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 04-18-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet injection, SI injection, and epidural steroid injection (ESI) with fluoroscopy

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

Certified by The American Board of Orthopaedic Surgery
General Certificate in Orthopaedic Surgery

REVIEW OUTCOME

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

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Injury Date	Claim Number	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld Overturn
		Prospective	722.52, 724.2	62311	Upheld
		Prospective	722.52, 724.2	64483	Upheld
		Prospective	722.52, 724.2	27096	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Prospective\Concurrent Review Determination (Denied) report dates 03-05-07 and 03-12-07

MRI Lumbar Spine W/O contrast 08-03-04

Initial Spine Consultation 08-19-05

IRO NOTICE OF DECISION – WC

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Peer Review 12-02-05

Review of Medical History and Physical Exam 02-17-05

Required Medical Examination 02-27-06

Letter of Medical Necessity 12-06-06

Physician Notes 05-03-06, 04-05-06, 10-19-06 (procedure note), 11-15-06

ODG Treatment Guidelines, 2007 (ESI)

AMA Guides 2007 (Radiculopathy)

PATIENT CLINICAL HISTORY [SUMMARY]:

A injured worker (IW) sustained an injury to his mid and lower back. Initial medical reports are unavailable as to diagnosis and treatment. An MRI without contrast dated August 3, 2004 was essentially unremarkable. On February 17, 2005, the IW underwent an evaluation for MMI determination & impairment, which determined that the IW had a total of 5% whole person impairment rating. Because of continued complaints of lower back pain, the IW had a spine consultation who noted a history of lower back pain with occasional spread to the right buttock / hip area. A trial of physical therapy was recommended as an initial treatment modality.

A Peer Review was done on December 02, 2005 which noted no documentation of any right-sided radiculopathy and that the abnormalities noted on the MRI of August 3, 2004 were “long-standing, pre-existing, and demonstrate no correlation with the clinical data”. In addition they were of the opinion that the IW’s current clinical findings were more likely associated with a more recent process and were not supportive of the recommendation for further evaluation for ESI or discogram.

The IW underwent a required medical examination on February 27, 2006 and the IW’s initial injury was described as a “musculoskeletal strain of the lumbar spine and that he never had any signs on physical examination or symptoms of radiculopathy”. Further, the degenerative disk at L5-S1 could serve as a pain generator, though this finding was not present on the August 2004 MRI.

On April 2006, the IW had an interlaminar EPI and on a follow-up visit one month later reported a relief of his symptoms by approximately 50% with only short term relief and a rather rapid return of pain to preinjection level. A recommended second laminar ESI was performed on October 2006, which, again, provided minimal pain relief, though his “radicular” symptoms were reported as being less frequent than before. Recommendation for facet joint injection at multiple levels as well the right S-I joint were denied.

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

Based on a review of the AMA Guidelines, 5th Edition. p382-383, reinforcing the definition of radiculopathy (Anderson 2006), the ODG, ACOEM, DWC, this injured worker's medical records submitted do not document any objective physical findings compatible with radiculopathy. The journal Neurology questions the efficiency of ESI in the treatment of non-specific backache or degenerative disc disease. Similarly, there is no consistent evidence supporting S-I joint dysfunction as a cause of lower back pain.

It is my professional opinion, that there are insufficient review studies in the published literature at this time, which substantiates the medical necessity for the continuance of further ESI, facet joint, or especially S-I joint injections.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- X 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**
- X 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)**