

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notices of Preauthorization Denial and Rationale (02-07-07 and 02-15-07)
MRI - L Spine (02-22-07)
Lumbar Myelogram (09-26-06)
Patient Progress Note and Assessment (02-19-07)
Report of Medical Evaluation (10-10-06) and Supplemental Information
Chart Note (01-26-07)
Physician Reports (03-14-07 and 03-15-07)
Mental Health Evaluation (03-15-07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This -year-old injured self while at work as a landscaper. The injured worker (IW) was carrying 400-pound trees with assistance and developed severe pain. He has completed a chiropractic hardening program, also had some type of therapeutic injections in mid 2006 and epidural steroid injection on 01-07-07 with some improvement. No surgeries were performed. Physician notes indicate MRI 14 days post injury with L5-S1 bulge and was concerned about symptomatic facet arthrosis. MRI on 03-15-07 revealed a left posterolateral bulge at L5-S1, which abuts the anteroinferior margin of the left L5 ganglion. The physician recommended facet joint blocks at L4-L5, L5-S1 bilaterally. The IW's new treating physician noted on 03-15-07 that IW still has lumbar segmental rigidity and a single set of facet injections at L4-S1 should be performed as part of his functional rehabilitation program.

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

The Reviewer stated that injecting the facet joint may be helpful and is medically necessary for this patient whose treatment has included a chiropractic-hardening program and epidural steroid injections. Additionally, the patient's response to this procedure may be helpful diagnostically.

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)**