



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: August 28, 2007

IRO Case #:

Description of the services in dispute:

Outpatient facet block at L1-2, L2-3 and L3-4.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician providing this review is board certified in Orthopedic Surgery. The reviewer holds additional certification from the American Board of Orthopaedic Surgery. The reviewer has served in capacity of executive committee member, credentials committee, chairman of the surgery department, board of directors and quality boards at various hospitals and medical centers. The reviewer currently serves as the Chief of Orthopedic Surgery at a VA Medical Center. The reviewer has been in active practice since 1970.

Review Outcome:

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

Upheld.

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.

The requested facet injections are not medically necessary.

Information provided to the IRO for review:

Records from the State:

Confirmation of receipt of request for IRO 8/3/07 1 page

IRO request 8 pages

Denial letter 7/5/07 3 pages

Letter from 7/5/07 1 page

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Denial letter 7/26/07 4 pages
Records from XXXX:
Preauthorization request undated 1 page
Patient demographics 6/26/07 1 page
Records from XXXX:
Letter from XXXX 8/9/07 1 page
Labs 9/27/06 7 pages
Operative report 10/25/06 5 pages
Spine x-ray result 10/25/06 1 page
Labs 10/25/06 8 pages
Addendum to plan of care 10/28/06 1 page
Skilled nursing assessment 10/25/06 6 pages
Home health initial evaluation undated 1 page
Home Health skilled care note 10/30/06 2 pages
PT note 11/1/06 1 page
Home health plan of care 11/13/06 4 pages
Follow up visit note 12/4/06 2 pages
X-ray results 12/7/06 1 page
Final report dated 12/27/06 2 pages
MRI results 12/27/06 2 pages
Visit notes 1/4/07 2 pages
X-ray results 1/4/07 1 page
Follow up visit notes 1/4/07 2 pages
Initial outpatient office visit 2/9/07 5 pages
Follow up visit notes 2/23/07 2 pages
Follow up visit note 3/8/07 2 pages
X-ray results 3/8/07 1 page
Orthopedic evaluation 3/27/07 4 pages
PT note 3/27/07 1 page
Follow up office visit note 4/9/07 2 pages
Request for EOB 4/27/07 1 page
PT Re-evaluation note 4/30/07 4 pages
Follow up office visit note 5/9/07 2 pages
Drug history log 5/25/06 - 10/13/06 1 page
Rx for outpatient therapy 5/9/07 2 pages
PT notes 5/9/07, 5/11/07, 5/14/07, 5/16/07, 5/18/07, 5/21/07, 5/23/07 7 pages
Follow up office visit 6/11/07 2 pages
FCE 6/13/07 9 pages

Follow up visit 6/21/07 2 pages
X-ray results 6/21/07 1 page
Follow up office visit 6/25/07 2 pages
SOAP note 7/18/07 2 pages
Records from Dr.:
MRI results 1/25/06 2 pages
Letter from Dr. 2/20/06 1 page
NCS/EMG 3/14/06 3 pages
Pictures 6/23/06 2 pages
Initial visit note 8/29/06 4 pages
EMG results 8/29/06 1 page
Follow up visit 11/2/06 2 pages
X-ray results 11/2/06 1 page
Case management review 11/15/06 1 page
Follow up visit 12/07/06 2 pages
Letter of medical necessity 2/9/07 1 page
Letter of rebuttal 7/13/07 1 page
Records from Dr.:
Initial office visit note 1/4/06 2 pages
Letter from Dr. 1/20/06 1 page
Follow up visit 1/20/06 2 pages
Letter from Dr. 2/3/06 1 page
Follow up visit 2/3/06 2 pages
Letter from Dr. 2/20/06 1 page
Follow up office visit 2/20/06 2 pages
Follow up office visit 3/14/06 2 pages
Letter from Dr. 3/30/06 1 page
Follow up office visit 3/30/06 2 pages
Letter from Dr. 4/27/06 1 page
Follow up office visit 4/27/06 2 pages
Letter from Dr. 5/25/06 1 page
Follow up office visit 5/25/06 2 pages
Letter from Dr. 6/22/06 1 page
Follow up office visit 6/22/06 2 pages
Letter from 7/20/06 1 page
Follow up office visit 7/20/06, 8/24/06 and 10/13/06 6 pages
Letter from Dr. 12/4/06, 1/4/07, 2/23/07, 4/9/07, 5/9/07, 6/11/07, 7/25/07, 6/25/07 8 pages
Work Status report 1/20/06, 2/3/06, 2/20/06, 3/14/06, 3/30/06, 4/27/06, 5/25/06, 6/22/06,

7/20/06, 8/24/06, 10/13/06, 12/4/06, 1/4/07, 2/23/07, 4/9/07, 5/9/07, 6/11/07, 6/25/07, 7/25/07, 1/4/06 20 pages

Patient clinical history [summary]

The patient is a male who was working as an inspector. On xx/xx/xx he was making a right turn in his vehicle and was struck on the right side. After the accident he had low back and radicular pain. This did not resolve with conservative treatment and he was referred to Dr. He had MRI studies that indicated severe congenital spinal stenosis and also foraminal stenosis at L4 and L5 and bulging discs at those levels. On 10/25/06 he had surgery by Dr. at Hospital. This consisted of a two level discectomy at L4 and L5 with foraminotomies at that level. He continued to have lumbar pain and radicular complaints. He was medicated with Hydrocodone, Soma and Ibuprofen. His functional capacity evaluation on 6/13/07 indicated that he was a candidate for only less than sedentary work, in other words, he was basically unemployable. Although the imaging studies indicate a healing fusion, he has continued with pain complaints since the day of surgery.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

There is no evidence in the records for facet joint pathology at the above levels. There is no evidence of physical examination indicating facet pain at those levels and also there are no imaging studies or electrodiagnostic studies that would indicate significant facet pathology at those levels. Therefore, there are no medical indications for the proposed procedures.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Dreyfuss PH, Dryer SJ: Lumbar facet joint injections. Spine 2003, May-June; 3 (3 Supplement): 50S-59S.

Boswell, MV et al. Interventional techniques in the management of chronic spinal pain: Evidence-based practice guidelines. Pain Physician. 2005 January; 8 (1): 1-47.

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