



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 08/15/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L3-S1 lumbar facet medial branch blocks under fluoroscopy and sedation

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

Board Certified in Orthopedic 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Evaluations with, M.D. dated xx/xx/xx and 06/22/07
Preauthorization requests from Dr. dated 05/24/07, 05/30/07, and 06/22/07

A procedure note from Dr. dated 06/13/07
A letter of non-certification from, M.D. at dated 06/28/07
A letter of medical necessity from Dr. dated 07/06/07
A letter of non-certification from, M.D. at dated 07/16/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, Dr. requested various lumbar injections. On 05/24/07 and 05/30/07, Dr. wrote letters of preauthorization request for bilateral facet medial branch blocks. Right L3 through S1 lumbar facet medial branch blocks were performed by Dr. on 06/13/07. On 06/22/07, Dr. requested left L3 through S1 lumbar facet medial branch blocks. Dr. wrote a letter of non-certification for the left facet blocks on 06/28/07. On 07/06/07, Dr. wrote a letter of medical necessity for the left lumbar facet blocks. Dr. wrote a letter of non-certification for the left facet injections on 07/16/07.

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

Based upon clinical information submitted for this review and using evidenced based peer review guidelines, the request is neither reasonable nor necessary. The patient has a disease of life, that is lumbar degenerative disease. Recent research, for example Carragee et al in the journal Spine have indicated that a fall such as this individual sustained does not aggravate or change the degenerative condition that is the source of the patient's ongoing pain. The ODG states that facet joint intrarticular medial branch blocks are not recommended except as a diagnostic tool. This patient has already had positive studies, but it is unclear that the patient will get permanent relief. Further research is felt to be necessary according to the ODG and current treatment is not recommended.

Therefore, based on the ODG and the fact that the patient's symptoms are not due to the occupational injury, the request for left L3-S1 lumbar facet medial branch blocks under fluoroscopy and sedation would not be reasonable or necessary.

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 AND KNOWLEDGE BASE
- 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)**

Spine, Eugene Carragee, et. al.