

DATE OF REVIEW: 2/26/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

64622 (destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level) and 64623 (destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level)

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

The reviewer is a Medical Doctor with a specialty in anesthesia and pain management

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)

The reviewer agrees with the previous adverse determination regarding all items in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW: Records were received and reviewed from the requestor and from the respondent. Records from the requestor include the following: a 1/4/07 report by .

Records from the respondent include: 2/9/07 letter from, 10/5/94 neurological consult, EMG/NCV of 10/94, 05/01 operative report, paravertebral nerve block reports by, daily notes by and procedure denial reports from .

PATIENT CLINICAL HISTORY [SUMMARY]: This patient was injured while pushing a barrel on. She is status post multiple level back surgery. She has radicular symptoms and axial back pain. EMG/NCV does not demonstrate neuropathy.

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

DECISION. This patient is documented as having radicular back pain after surgery. The diagnosis of facet joint disease is not supported by the history and physical examination data submitted for review, specifically documenting pain that is exacerbated by hyperextension and not increased by coughing. The ASIPP Practice Guidelines do not support the performance of diagnostic or therapeutic facet blocks in this setting.

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) ASIPP Practice Guidelines Interventional Techniques in the Management of Chronic Pain, Pain Phys 2001: 4; 24-98.