

Notice of Independent Review Decision

DATE OF REVIEW: 7/6/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral facet blocks at L4-5 an L5-S1.

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Bilateral facet blocks at L4-5 an L5-S1. Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 06/15/2007
2. Fax cover sheet dated 06/08/2007
3. Review organization IRO dated 06/26/2007
4. Request for a review dated 06/08/2007
5. Notice of utilization review dated 05/18/2007
6. Clinical note dated 06/26/2007
7. Notice of utilization review dated 05/30/2007
8. Reviews of case assignment dated 06/15/2007
9. Clinical note dated 06/18/2007
10. Notice to utilization review dated 06/15/2007
11. Clinical note dated 06/21/2007
12. Request for a review dated 06/08/2007
13. Notice of utilization review dated 05/18/2007
14. Clinical note dated 05/18/2007
15. Request sheet dated 05/18/2007
16. Follow up MD, dated 05/07/2007
17. Notice of utilization review dated 05/30/2007
18. Clinical note dated 05/30/2007
19. Request sheet dated 05/18/2007
20. Clinical note by MD, dated 05/20/2007
21. Follow up by MD, dated 05/07/2007
22. Clinical note by MD, dated 04/16/2007
23. Clinical note dated 05/22/2007
24. Request sheet dated 05/18/2007

Name: Patient_Name

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This worker is a male who was reportedly injured. Since that time, he has been followed for lower back and left leg pain. The worker states that the pain radiated down the left posterior leg to the calf. There is also occasional numbness and tingling does the left leg to the posterior calf across the dorsum of the foot to the toes. The pain increases with walking, sitting, and standing. He reportedly underwent physical therapy which did not help, and one lumbar ESI with some relief.

At this time, the request for bilateral facet blocks at L4-5 and L5-S1 is under review.

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

The documentation does not support signs and symptoms that support facet syndrome per ODG guidelines 1) Tenderness to palpation in the paravertebral areas (over the facet region); 2) Decreased range of motion of the spine, with frequent evidence of pain on lateral bending; extension and forward flexion while standing; 3) Improvement of pain when recumbent; 4) A normal sensory examination; 5) Absence of radicular findings, although pain may radiate below the knee; 6) Normal straight leg raising unless there is hypertrophy encroaching on the neural foramen. There is also conflicting peer review support. According to The American College of Occupational and Environmental Medicine Guidelines, there is limited research based evidence to support facet injections. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochrane Database. There are no prospective, randomized, controlled trials with strict criteria and strict adherence to guidelines (e.g. restriction of other treatments) during the administration of the study per Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005. Page 348-351.

Therefore, the previous denial is upheld.

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
- 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The American College of Occupational and Environmental Medicine Guidelines Chapter 12

Slipman CW; Bhat AL; Gilchrist RV; Issac Z; Chou L; Lenrow DA. A critical review of the evidence for the use of zygapophysial injections and radiofrequency denervation in the treatment of low back pain. Spine J 2003 Jul-Aug; 3(4): 310-

Leclaire R; Fortin L; Lambert R; Bergeron YM; Rossignol M. Radiofrequency facet joint denervation in the treatment of low back pain: a placebo-controlled clinical trial to assess efficacy. Spine 2001 Jul 1; 26(13): 1411-6; discussion

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005. Page 348-351

AMR Tracking Num: