



**DATE OF REVIEW:**

03/23/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Please review the item(s) in dispute: Right lumbar facet injection with fluoroscopy and arthrogram - CPT 64475, 64476 x 4, 76005, and 27096, followed by post injection physical therapy for one session only and chiropractic manipulations - CPT codes 97110, 97010, 97001, 97035, 97124, 97530, 97535 and 98940.

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

Doctor of Osteopathy, Boarded in Anesthesiology, Specializing in Pain Management

**REVIEW OUTCOME**

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

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.

The right lumbar facet injections are reasonable with fluoroscopy (CPT codes 64475, 64476 x 4, 76005, and 27096). The physical therapy (PT) is not medically necessary and the chiropractic care is not medically necessary (CPT codes 97110, 97035, 97124, 97530, 97535, 97001, 97010, 98940, and 97014).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Referral dated 03/06/07
- Case Report dated
- DWC: Notice to Case Assignment dated 03/06/07
- DWC: Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 03/06/07
- DWC: Notice of Assignment of Independent Review Organization dated 03/06/07
- DWC: Confirmation of Receipt of a Request for a Review by an Independent Review Organization dated 03/05/07
- Request For a Review by an Independent Review Organization dated 03/02/07
- Procedure: reconsideration right lumbar facet inj#1 w/fluro post injection PT x 1 with Date due of 03/02/07

- Result of Reconsideration-Non Certification of Service/Procedure Upheld dated 03/01/07 from RN
- Determinations dated 02/28/07, 02/12/07 from M.D.
- Form letters dated 02/26/07, 02/08/07 with contact person RN
- Memos dated 02/26/07, 02/07/07
- Letter of Medical Necessity dated 02/22/07 from M.D.
- Non Certification of Service/Procedure dated 02/13/07 from RN
- Procedure: right lumbar facet injection #1 w/fluoroscopy with Date due of 02/12/07
- Report dated 02/02/07 from M.D.
- Undated Preauthorization/Concurrent Review Request Form (handwritten)
- Undated article entitled, "A Narrative Review of Intra-Articular Corticosteroid Injections for Low Back Pain"

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male . The injured individual had back and leg pain. He had an MRI showing both disc and facet pathology. The injured individual got partial relief from two caudal injections. He continues to have back pain. His attending physician (AP) notes pain with rotation, palpation, and spasms in the lumbar area on the right. He is requesting diagnostic facet blocks on the right side.

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

This injured individual has ongoing back pain after two caudal epidural steroid injections (ESIs). He has right-sided pain, pain with palpation, spasm, and pain with right rotation. His MRI showed bulges but also facet hypertrophy. The purpose of facet injections is to be both diagnostic and therapeutic. In this case, the injured individual has sufficient clinical and MRI findings to suspect a diagnosis of facet syndrome therefore the injections are a reasonable treatment modality. This injured individual has had conservative care of physical therapy (PT) and/or chiropractic care in the past. It is not mandated nor standard of care (SOC) to require either PT or chiropractic care after injections such as this. The injured individual can do a home stretching and strengthening program on his own after the injections.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS****PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

➤ Bonica's Management of Pain. Third edition. Copyright 2000.

➤ Interventional Pain Management by Waldman and Winnie. Copyright 2001.