



DATE OF REVIEW: 5/29/07

NAME:

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied bilateral lumbar facet joint injections at levels L3-4, L4-5, and L5-S1.

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

Texas Licensed Pain Management/Anesthesiology Specialist.

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)

[Check only one of the boxes above.]

Previously denied bilateral lumbar facet joint injections at levels L3-4, L4-5, and L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 5/21/07, 5/17/07, 5/16/07, 4 pages.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 5/21/07, 1 page.
- Notice to CompPartners, INC. of Case Assignment dated 5/21/07, 1 page.
- Appeal Pre Cert Fax dated 5/18/07, 2 pages.

- **Confirmation of Receipt of Request for Review by an Independent Review Organization dated 5/17/07, 1 page.**
- **Company Request for IRO dated 5/17/07, 4 pages.**
- **Email Fax dated 5/16/07, 2 pages.**
- **Request for a Review by an Independent Review Organization dated 5/14/07, 3 pages.**
- **Outpatient Reconsideration Decision dated 5/14/07, 4 pages.**
- **Outpatient Non-Authorization Recommendation dated 5/4/07, 4 pages.**
- **Clinic Notes dated 5/1/07,**

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Injured worker's age:

Gender: Female

Date of Injury:

Mechanism of injury: Not provided for this review.

Diagnoses: Lumbar facet joint mediated pain, bilaterally L4-5 through L5-S1 levels; status-post successful lumbar facet joint injection x2; low back injury.

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

A review of the limited information submitted indicated that this patient had an accepted work injury involving the lumbar spine. Reportedly, the patient was complaining of low back pain radiating into the buttocks. Noted was a lumbar MRI that was dealing with facet arthropathy. The claimant was initially treated with conservative care, which provided unsustained relief. Reportedly, the patient underwent lumbar facet joint injections on 2/9/07, with relief of pain and improvement of function and activity level. The claimant then underwent a second lumbar facet joint injection on 4/20/07. A clinic note submitted, dated 5/1/07, reported a reduction in the patient's pain by approximately 60%. Objective findings of the lumbar spine revealed increase in flexion, extension in right and left side bending and rotation over previous examination, reflexes in the lower extremities 5+/5 bilaterally and symmetrical, pulses 3+/3 bilaterally/symmetrical, the feet were bilaterally warm, positive straight leg lift bilaterally, right antalgic gait less noticeable than previous examination; the patient forward bends at the lumbar spine, but had to use her hands to walk up her anterior thighs to jump to a standing straight position. A radiographic imaging studies report was not submitted for review. Based on the documentation provided, the clinical indication and necessity of the requested procedure could not be established. Therefore, the previous non-certification for bilateral lumbar facet joint injections is upheld. ODG Guidelines recommend the frequency of facet joint injections to be at least two months or longer between injections, provided at least greater than 70% pain relief is pain for at least six weeks; the last injection documented was approximately two weeks ago. In addition, the ODG Guidelines state that if positive diagnostic responses are achieved with either intraarticular facet joint or medial branch nerve blocks on two separate occasions, then treatment should proceed with facet

neurotomy at the diagnosed levels to achieve long-term pain relief.

If applicable this section should include the following:

- Specific basis for divergence from the Division of Workers' Compensation (DWC) policies or guidelines adopted under Labor Code §143.011.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[Check any of the following that were used in the course of this review.]

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE 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 AND TREATMENT GUIDELINES Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, Low Back – Diagnostic Facet Blocks.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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)