



REVIEWER'S REPORT

DATE OF REVIEW: 05/16/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar facet injections, three levels, right side.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified with American Board of Anesthesiology

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

_____ Upheld (Agree)

__X__ Overturned (Disagree)

_____ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI assignment
2. Carrier's records
3. Physician's office records dated 05/22/06 through 03/20/07
4. Radiology reports dated 06/23/06 and 03/13/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male with an apparent back injury dated xx/xx/xx. He was treated with conservative measures initially. An MRI scan on 06/23/06 and 03/13/07 revealed central disc herniation at L4/L5 without compression. A lumbar epidural steroid injection and facet injections were apparently performed in July 2006 and were said to have provided relief for an unspecified period of time. The patient now has recurrence of lumbar pain and signs of lumbar radiculopathy. On physical examination the patient has positive straight leg raising signs bilaterally and “tenderness” over the facet joints.

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

Facet injections are an accepted diagnostic tool for facet-mediated lumbar pain. The Physicians 2007 Practice Guidelines state that “there are no specific markers of facet pain,” but that “the facet joints are capable of causing pain.” Facet injections may help to distinguish between disc and facet pain. Regrettably, the submitted records do not allow any judgment in this regard with respect to previous lumbar epidural steroid injections and facet injections in this patient. The P Guidelines indicate that there is moderate evidence for long-term improvement in the management of low back pain with facet injections.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines:
American Society of Interventional Pain Physicians, January 2007,
Volume 10, pages 7 through 111, “Interventional Techniques, Evidence-Based Practice Guidelines in the Management of Chronic Spinal Pain.” The reader should specifically review sections 5.1 and 6.1.