



DATE OF REVIEW: 11/20/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar facet blocks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Notes from Medical Center dated xx/xx/xx
2. I reviewed a CT scan report of the brain dated xx/xx/xx, which showed “no acute intracranial abnormalities identified on unenhanced head CT.” This was authored by Dr..
3. I reviewed a CT scan of the cervical spine, which shows “no evidence of acute radiographic abnormality.” This was performed on xx/xx/xx and read by Dr..
4. X-rays of the lumbar spine on xx/xx/xx showed “multilevel spondylitic change without evidence of acute fracture or acute fracture or acute subluxation.” This was read by Dr..
5. I reviewed an emergency room note from Medical Center dated xx/xx/xx referencing a slip-and-fall incident where he complained of head and back pain with numbness to the left leg.
6. I reviewed a note from Medical and Surgical Clinic dated 01/27/06. Reference is made to him having slipped and fallen on a wet floor at work while dollying groceries into the store. He states that he fell flat on his back, and hit the back of his head, and then the dolly fell on top of him.

7. I reviewed physical therapy notes from the facility. He was diagnosed with a sacroiliac sprain on 02/09/06 by Dr..
8. I reviewed the ongoing physical therapy notes.
9. I reviewed a 02/27/06 note, which is not authored, indicating he had a lumbar strain.
10. I reviewed a note dated 03/23/06 (signature illegible). He was diagnosed with lumbar strain, bilateral sacroiliitis with some numbness symptoms to the lower extremities with negative radicular signs for physical examination (status post steroid therapy).
11. I reviewed a neurosurgical consultation of 03/30/06 from Dr. The impression was "lumbar spondylosis with degenerative disc disease with protrusion with radiculalgia.
12. I reviewed an EMG report of 04/28/05 from Dr.. The impression was "acute left L4/L5 radiculopathy by EMG criteria. The MRI scan does not mention any significant L4/L5 disc herniation; however, the EMG shows a significant radiculopathy. I would recommend reviewing the MRI scan or repeating it with the patient standing. Otherwise, I would consider a lumbar CT myelogram. The patient shows no evidence of malingering on my exam. Right peroneal and tibial neuropathy due to old right lower extremity crush injury."
13. I reviewed a 05/15/06 note from Dr. who diagnosed "lumbar radiculopathy, left L4/L5 lumbodiscogenic pain." He recommended epidural steroid injections at that time.
14. I reviewed a 06/12/06 myelogram report from Dr.. The impression was, "At L4/L5, there is a small left lateral disc protrusion with potential impingement on the exiting left L4 root. The remaining discs are negative. Slight right facet arthrosis is seen at L5/S1."
15. I reviewed a 06/14/06 procedure note, which was a lumbar epidural steroid injection performed by Dr..
16. On 06/22/06 the claimant saw Dr., stating he had almost complete relief of his pain.
17. I reviewed a prescription for an interferential stimulator.
18. I reviewed a 07/24/06 progress note from Dr. stating he had almost complete relief of pain from the epidural steroid injection. He was recommending a second injection.
19. On 08/02/06 the claimant had a second lumbar epidural steroid injection by Dr..
20. Letter of Denial from nurse White dated 10/11/06 pertaining to the interferential stimulator prescribed.
21. I reviewed a 10/27/06 note from Dr. where he recommended left L4 versus L5 selective epidural steroid injections as needed.
22. On 01/31/07 Dr. saw him again, stating that his back pain was starting to recur.
23. On 03/14/07 Dr. indicated that he had 70% relief following his epidural steroid injection. However, I do not have the procedure note for that particular injection.
24. I reviewed a 05/17/07 note from Dr. who diagnosed "L4/L5 disc herniation."
25. On 06/27/07 Dr. indicated that he felt that he had a mixed picture of a radicular component as well as facet component.
26. MRI report of the lumbar spine dated 06/07/07 which reads, "Please note that the L5 vertebra is slightly transitional, resulting in slightly hypoplastic L5/S1 disc space. There is mild dehydration noted at the L4/L5 and L5/S1 spaces. Lumbar spine is otherwise unremarkable."
27. I reviewed a 07/19/07 procedure note, which was a left L4/L5, L5/S1 facet injection performed by Dr..

28. Followup appointment on 09/21/07 indicated that he had 70% improvement following the injection.

ODG GUIDELINES WERE NOT PRESENTED FOR REVIEW

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is a xx-year-old male who slipped and fell at work, landing on his back and striking his head on xx/xx/xx. He went on to have various therapeutic interventions including lumbar epidural steroid injections and a lumbar facet block. He reports 70% relief from each of these procedures, and at one point actually 100% relief from the epidural steroid injection. He has had two MRI scans showing some degenerative changes in the lower disc spaces of the lumbar spine. He has had an abnormal EMG study. He has had extensive physical therapy.

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

Although the examinee empirically reports benefiting from both the epidural steroid injection and facet block, the Occupational Disability Guidelines would not support facet injections in this scenario. The first listed criteria for facet blocks is “limited to patients with low back pain that is nonradicular and no more than two levels bilaterally.” Clearly, this individual’s symptomatology has been radicular all along and was, in fact, radicular at the time that the facet block was recommended on 06/07/07 by Dr.. Although he reports relief retrospectively with regards to the facet blocks, he has similarly reported relief with the epidural steroid injections. Once again by the ODG guidelines, the radicular component of his complaints precludes from being a candidate for the facet blocks.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).

_____ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)