

# Parker Healthcare Management Organization, Inc.

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**DATE OF REVIEW:** OCTOBER 14, 2007

**IRO CASE #:**

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

Medical necessity of ASC Lumbar facet block (64475, 64476)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

## **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	64475/64476		Prosp						Upheld

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

TDI-HWCN-Request for an IRO-16 pages

Respondent records- a total of 25 pages of records received to include but not limited to: letters, 9.24.07, 9.10.07, 8.21.07; list of providers; Utilization Review referral 8.31.07; notes, The Institute, 1.12.07-8.24.07; DWC forms 69; DDE 5.3.05; notes, Dr., 8.6.04; notes, 7.2.04; No ODG guidelines were provided

Requestor records- a total of 66 pages of records received to include but not limited to: Institute, 1.19.05-8.20.07; notes, Dr., 4.23.04-12.15.04; notes, 5.20.04-1.13.05; MRI L Spine 9.9.05; Surgery Clinic notes, 7.5.05-9.14.06

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient who reportedly lifted a box at work with subsequent back pain. She has had multiple injections already provided as outlined above with inadequate relief. She has already had lumbar facet injections 7/2/2004, 5/25/2006 and 9/14/2006. There were multiple other types of injections used between the 7/22/2004 and 5/25/2006 injections.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Dr. did the Designated Doctor exam and noted she had not received any significant benefit from the injections to that date. He placed her at MMI.

*The Official Disability Guidelines (ODG)* do not support the use of facet injections for therapeutic purposes. She has already had three such therapeutic facet injections. Continuation of that treatment is not validated by the records or the ODG.

**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
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)