



## **IMED, INC.**

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**DATE OF REVIEW:** 10/24/07

**IRO CASE #:**

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

Interarticular facet injections.

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

Texas License  
Board Certified Pain Management  
Board Certified Anesthesiologist  
Board Certified in Physical Medicine & Rehabilitation

### **REVIEW OUTCOME**

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

Denial Upheld

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

1. 10/27/06.
2. D.O., 01/09/07.
3. ODG TWC low back guidelines.
4. D.O., 04/17/07 thru 09/06/07.
5. 09/24/07.
6. Physician peer review, 10/01/07.
7. Inc., 10/02/07.
8. 10/09/07.

### **PATIENT CLINICAL HISTORY (SUMMARY)**

The claimant has been under the care of D.O., for chronic low back pain secondary to a remote injury. The claimant has been treated with epidural steroid injections and lumbar facet injections. The recent request is for the third bilateral L5-S1 facet injection.

The records reviewed from Dr. as recently as 09/06/07 indicates low back pain with radicular symptoms and facet mediated pain. The recommendation was for a lumbar facet injection bilaterally at L5-S1.

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

A third facet injection would not be reasonable or appropriate according to pain management guidelines, as well as **Official Disability Guidelines**. **Official Disability Guidelines** indicate limited efficacy and mixed benefit indicating a lack of evidence-based medical literature supporting its use in the chronic phase. Regarding pain management methodology, facet injections are primarily diagnostic in nature, when coupled with medial branch blocks, the diagnosis of facet syndrome can be made. There is a treatment of choice for this condition which is radiofrequency neurotomy. In that regard, a series of facet blocks totaling up to three is not necessary. What is typically appropriate is a facet injection followed by a diagnostic/confirmatory medial branch block to establish the diagnosis. Once the diagnosis is made, definitive treatment is available in the form of radiofrequency neurotomy. A third facet injection for the sake of doing another injection is not medically appropriate or consistent with spine treatment guidelines.

Therefore, any request for a third in a series of bilateral L5-S1 facet blocks is not medically necessary or reasonable.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**