

Independent Resolutions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW: 10/3/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet block at L4 through S1 bilaterally (right and left sides).

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

M.D., Neurologist and Fellowship-Trained Pain Specialist, Board Certified in Neurology and Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Notification of determination dated 06/11/07
2. Notification of determination for appeal dated 09/12/07
3. Report for lumbar spine MRI scan dated 12/19/06
4. Report for EMG/NCV studies dated 02/19/07
5. Office notes and procedure notes by Dr. dated 01/03/07, 01/05/07, 01/24/07, 02/06/07, and 02/14/07
6. Consultation notes by Dr. dated 05/11/07 for pain management
7. Medical report by Dr. dated 06/26/07 and 07/11/07
8. No OGD Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury while unloading a wheelchair passenger, slipping and falling backward onto his tailbone. This has resulted in low back pain as well as some complications to the left knee. Evaluation has included MRI scan of the lumbar spine, which showed per report a small disc protrusion at L4/L5 and L5/S1, moderate listhesis anteriorly of L5 on S1, and degenerative change of the lumbar facet joint. Recommendation was made to correlate with plain x-rays including oblique. Office note by Dr. dated 01/03/07 summarizes x-ray findings of the lumbar spine to include "satisfactory alignment and decreased disc space at L5/S1 with two views done," presumably AP and lateral. Therefore, I do not see any evidence that further x-rays were completed to include oblique views as well as possibly flexion and extension views. The claimant also had an EMG/NCV study done on 02/19/07 that did show evidence of a mild to moderate acute L5 radiculopathy on the left. Notes indicate various treatments that may have included analgesics such as anti-inflammatory medications, aspiration and injection of the left knee, and physical therapy. Arthroscopy was also completed for the left knee on 02/06/07. Because of the claimant's ongoing low back pain that is primarily axial, since there does not appear to be much in the way of documentation of significant radicular symptoms, a recommendation was made by pain management specialist Dr. that diagnostic facet joint blocks be done under fluoroscopic guidance, which are the services currently in dispute.

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

It appears that the claimant is describing symptoms and has some findings on examination (including facet provocative maneuvers causing increased pain) to possibly implicate the facet joint as a significant component to axial back pain that is being reported. It is certainly conceivable that the listhesis and some of the degenerative disc disease noted on imaging may be placing additional stresses on the facet joints and therefore contributing to the pain complaints. This can be verified and confirmed by way of diagnostic facet joint blocks bilaterally, which if positive may then lead to more specific treatment targeting the facet joints followed again by physical therapy. Therefore, the Reviewer's medical assessment is that the requested services: bilateral lumbar facet joint blocks for diagnostic clarification, are reasonable and medically necessary. The Reviewer considered the ODG Guidelines in the determination of this case, but as discussed above, the Patient's circumstances were such that the Reviewer determined it was necessary to diverge from the Guidelines.

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
- 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)