

# I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW: SEPTEMBER 28, 2007**

**IRO CASE #:**

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

Bilateral facet blocks @ L3-4, L4-5 and L5 to S1 with fluoroscopy.

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

MD, Board Certified Internal 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

There is no medical necessity for bilateral facet blocks @ L3-4, L4-5 and L5 to S1 with fluoroscopy.

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

Adverse Determination Letters, 8/13/07, 8/29/07

Official Disability Guidelines and Treatment Guidelines

Notification of Case Assignment, 9/20/07

Medical Records from URA, Treating Doctors, including:

Dr., 8/16/07, 7/31/07, 5/1/07, 8/24/06, 3/15/07, 2/27/07, 2/13/07, 1/30/07, 1/16/07, 12/14/06, 11/28/06

Dr., 5/31/06, 4/4/06

Dr., 8/10/07

MRI, 4/4/06

ED testing, May 2006

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant injured her lower back while lifting in xx/xx/xx. ED testing was normal. Lumbar MRI showed disc bulges/protrusions and facet arthrosis. The claimant has been treated with medications, and various injections.

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

I have reviewed the applicable guidelines and the peer-reviewed medical literature concerning the use of facet blocks in the treatment of low back pain. There is little evidence of efficacy for this procedure and it appears ineffective in providing long-term relief in chronic back pain. Therefore, it is beyond medical probability that the claimant would derive substantial benefit from the proposed procedure. There is no medical necessity for bilateral facet blocks @ L3-4, L4-5 and L5 to S1 with fluoroscopy.

**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)