

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 4/15/2008
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lumbar facet injection at L4, L5, S1

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from New England College of Osteopathic Medicine and completed training in Anesthesiology at University of Medicine and Dentistry of New Jersey. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Anesthesiology and Pain Management since 4/23/1993.

REVIEW OUTCOME:

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

- | | |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Left lumbar facet injection at L4, L5, S1 Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. General information dated unknown
2. Clinical note dated unknown
3. IRO request form dated 3/27/2008
4. Request for a review dated 3/18/2008
5. Clinical note by MD, dated 2/19/2008
6. Review summary by MD, dated unknown
7. Clinical note by DO, dated 2/26/2008
8. Review summary by DO, dated 2/20/2008
9. Notice dated 2/28/2008
10. Transmittal sheet dated 2/13/2008
11. Clinical note dated 2/13/2008
12. Clinical note by MD, dated 2/6/2008
13. Clinical note by MD, dated 12/18/2007
14. The ODG Guidelines were not provided

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This employee is a male who sustained an injury. His diagnosis was listed as lumbar facet syndrome. The injured worker rated his pain as a 6/10 and stated that medications were controlling the pain and allowing him to function. On 2/6/2008 he under went dorsal median branch blocks. At this time, the request for Left lumbar facet injections at L4, L5, and S1 is under review for medical necessity.

Name: Patient_Name

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

The requested injections are deemed not medically necessary for numerous reasons. First, the injured employee had medial branch blocks already and these are considered the diagnostic precursor to RF. A set of facet blocks now at the same level would be repetitive. Second, the number of levels requested is in excess of ODG recommendations. Finally, the injured employee is deemed surgical and facet procedures have no proven efficacy in a surgical setting per ODG. Therefore, the previous denial is upheld.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCP- 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
- X 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)