



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 04/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet joint injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a female with a history of having injured her back and subsequently underwent two back surgeries with complete relief after the second surgery. She had quite a gap in treatment after that, and notes picked up again where she is having a lot of pain and is on chronic opiates and Neurontin. The request is for lumbar facet blocks.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

Lumbar facet blocks are reserved for the individuals with confirmed facet mediated back pain. According to the ODG Guidelines, one needs to have clinical evidence to support that diagnosis such as increased pain with back extension, pain when palpating the facet joints, Gaenslen’s test being positive, etc. It would also be helpful to have imaging evidence of some type of facet pathology. There are degenerative changes involving the facet joints at L2/L3 and L4/L5 and L5/S1. However, which, if any, of these facet joints are contributing to the pain is unknown. Facet blocks are also limited to those who have

no radicular symptoms. Radicular symptoms appear to be a component of her complaints.

In conclusion, there are no contemporary clinical findings to support the description of facet-mediated back pain syndrome. Therefore, it does not meet the ODG Guidelines for such intervention.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)