

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 8, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet injection L4-S1 with IV sedation

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

M.D., board certified Orthopedic Surgeon

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

Adverse Determination Letters, 2/11/08, 1/24/08
ODG Guidelines and Treatment Guidelines, Low Back
Jbjs.org, Volume 89-A, Supplement 3, 2007
PubMed, Butterman, 2004
JB&JS, Nerve Root Blocks, 2006
Orthopedics, MD, 3/10/08, 2/12/08, 1/11/08, 10/11/07, 6/18/07, 5/18/07, 4/20/07, 3/21/07, 2/2/07,
1/26/07, 12/4/06, 11/3/06, 8/25/06, 3/24/06, 2/27/06, 1/20/06, 11/18/05, 9/29/05, 8/16/05, 8/2/05,
6/14/05'
Operative Reports, 1/18/07, 11/1/06, 1/10/06, 10/18/06
DC, 1/11/08, 3/11/05, 7/12/05, 4/28/05
NIOM, 1/18/07
MD, 5/4/05
MRI of Lumbar Spine, 8/15/06, 4/15/05
MD, 4/28/06, 3/31/06, 5/24/06, 5/4/06
Carrier submission, 3/27/08

DO, 1/18/07
Xray Lumbar Spine, 3/10/08, 1/11/08, 5/18/07, 3/21/07, 2/2/07
CMT & ROM Testing, 6/18/07, 5/18/07, 4/20/07, 6/14/05, 12/4/06, 8/25/06
Clinic, 1/12/07, 12/29/05
MRI of Right Shoulder, 8/15/06, 5/27/05
MRI of Left Shoulder, 8/15/06, 5/27/05
MD, 8/1/05
MD, 7/21/05
Dr., undated
MD, 11/29/05

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured worker reports having pushed on heavy shelving and felt a pull between the shoulders, upper back, and lower back. She underwent arthroscopic rotator cuff repair of the right shoulder on 01/10/06. The left shoulder was also operated upon on 10/18/06. She has anterior discectomies at L5/S1 with disc arthroplasty at the L5/S1 level on 01/18/07. She came back in complaining of residual pain. Previous MRI scans prior to the surgery revealed normal facet as would be expected, given the choice of the artificial disc replacement requiring absence of facet pathology as a condition of choice of this implant rather than fusion. Examination of the lumbar spine reveals tenderness with flexion, extension, and lateral bending, with extension and lateral bending causing some pain. There are complaints of hypesthesia in the lower extremities. She has had facet blocks performed on two occasions in 2006 with Dr. along numerous other pain management procedures.

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

This patient has already had previous facet blocks. She has had two MRI scans documenting absence of facet pathology. In this context, based on the ODG Guidelines, the Lumbar facet injections L4-S1 with IV sedation are not indicated or reasonably calculated to be medically necessary.

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)