

# US Resolutions Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

**DATE OF REVIEW: DECEMBER 8, 2008**

**IRO CASE #:**

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

Referral to a pain management doctor for evaluation for either facet or ESI injections

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

MD, 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)

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.

The reviewer finds that medical necessity does not exist for referral to a pain management doctor for evaluation for either facet or ESI injections.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 9/30/08, 10/2/08  
ODG Guidelines and Treatment Guidelines  
MD, 9/9/08, 11/12/08, 10/9/08, 7/15/08, 4/9/08, 2/26/08, 10/10/08, 9/12/05  
SRS, 8/28/08, 4/25/08, 3/13/08  
MRI of Lumbar Spine, 6/26/08, 9/15/05  
EMG/NCS, 9/30/05  
Spine Lumbar 3 Views, 9/16/05  
9/9/05

Operative Reports, 2/7/06, 1/24/06, 12/12/05, 6/3/99, 12/23/97, 1/7/98, 2/4/98  
TX WCC, 1998  
Second Opinion, 11/11/98  
Pain Evaluation, 11/25/97  
DO, 4/13/98

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx-year-old woman was injured on xx/xx/xx. She underwent a lumbar laminectomy surgery in 1999 and reportedly had improvement. The diagnosis included facet arthritic changes, lumbar facet syndrome, sacroiliac syndrome, and possible right piriformis syndrome. In 2005, the patient underwent epidural steroid injections with reported relief. The patient has also had improvement with an L5/S1 intervertebral epidural block.

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

There is not sufficient information in the medical record to justify either epidural steroid injections or facet blocks, which are typically only used for an acute period. The reviewer agrees with the previous reviewers that treatment with ESI or facet blocks, eleven years post injury, is not supported by the Official Disability Guidelines. Regarding the use of epidural steroid in patients who have radiculopathy, the treating physician notes that radiculopathy in terms of a neurological examination was not documented. It is for these reasons that the reviewer upholds the previous determinations. The reviewer finds that medical necessity does not exist for referral to a pain management doctor for evaluation for either facet or ESI injections.

**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)