



## REVIEWER'S REPORT

**DATE OF REVIEW:** 01/29/08

**IRO CASE #:**

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

Left facet and sacroiliac 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)

**INFORMATION PROVIDED FOR REVIEW:**

1. I reviewed notes from Dr. dated 12/27/00 where the injured employee was diagnosed with probable lumbar facet and sacroiliac arthropathy and lumbar radiculopathy. This dated back to December 1996. At that time he was status post lumbar epidural steroid injections. He also had had two prior back surgeries.
2. I reviewed additional progress notes from Dr.
3. I reviewed an epidural steroid injection procedure note dated 08/15/01 from Dr.
4. I reviewed an 08/23/01 lumbar epidural steroid injection procedure from Dr.
5. I reviewed an 08/29/01 procedure note pertaining to a lumbar epidural steroid injection by Dr.
6. On 11/01/01 he had a left lumbar facet injection at the L3/L4, L4/L5, and L5/S1 levels with left sacroiliac joint injection by Dr.
7. On 02/20/02 Dr. indicated that he had derived some relief from the first lumbar epidural steroid injection.
8. He apparently had a lumbar epidural steroid injection on 02/28/02.
9. He had another lumbar epidural steroid injection on 03/21/02 by Dr.

10. On 04/25/02 he had a lumbar epidural steroid injection with some relief.
11. CT scan of the lumbar spine was read by Dr. on 04/22/02 and showed "changes of spondylosis in the lower lumbar spine with resultant minimal neural foraminal narrowing at L3/L4 and L4/L5."
12. He had a left L3/L4, L4/L5, and L5/S1 facet injection with left sacroiliac injection on 07/23/02.
13. He was still having quite a bit of pain following the injection when he saw him on 08/12/02. He was diagnosed with left-sided lumbar radicular pain.
14. On 08/22/02 he had a lumbar myelogram. The impression was "no evidence of a herniated disc. Significant spinal canal stenosis at L4/L5 and L5/S1. This is secondary to bulging annuli and ligamentum flavum hypertrophy. Bilateral foraminal narrowing is noted at L3/L4 and L4/L5 secondary to facet hypertrophy and bulging annuli. There are were bulges noted at L3/L4, more prominent toward the left. However, margin of the annulus appears calcified. Diffuse annular bulge at L4/L5 and L5/S1." This was signed by Dr.
15. On 10/17/02, he had a spinal cord stimulator implant. This was by Dr.
16. On a followup on 10/21/02, he indicated that he had good stimulation in the areas of pain, but he was not getting any pain relief. At that time it was determined he had failed the trial, and that was discontinued. There was then discussion of a morphine pump.
17. It was determined he was a candidate for a morphine pump in reference to the 11/20/02 report from Dr.
18. On 01/07/03 he had an intrathecal catheter placement by Dr.
19. At a followup on 01/13/03, he stated that he felt fairly good and was only having pain at the incision area.
20. On 01/16/03 he had his stitches removed and was still having some back pain.
21. On 01/24/03 he was still having quite a bit of discomfort in his lower back.
22. On 02/11/03 his dosage of morphine was upped from 2 mg to 3 mg, which did give him some more relief.
23. On 11/18/03 he was adjusted to 5 mg of morphine a day.
24. On 07/01/03 he had a lumbar facet blocks at L3/L4, L4/L5, and L5/S1 along with a left sacroiliac block.
25. He was still having pain on 08/15/03 and was up to 15 mg of morphine a day.
26. On 12/30/03 he had a left L3/L4, L4/L5, and L5/S1 facet block with left sacroiliac joint injection.
27. He had a lumbar epidural steroid injection on 04/08/04.
28. On 07/17/04, he presented to have his morphine pump turned off so he could have it removed.
29. On 07/06/04 Dr. removed the pump.
30. He developed a hematoma at the morphine pump site, which had to be surgically evacuated. He also had a spinal fluid leak, which was treated by Dr.
31. He had a lumbar epidural steroid injection on 10/19/04 by Dr.
32. He had a lumbar epidural steroid injection on 11/23/04 by Dr.
33. He had left L3/L4, L4/L5, and L5/S1 injections and left sacroiliac joint injection on by Dr.
34. He had a lumbar epidural steroid injection on 06/17/05 by Dr.

35. He had a 06/22/05 lumbar epidural steroid injection by Dr.
36. He had a 06/29/05 epidural steroid injection by Dr.
37. He had a 09/15/05 MRI scan authored by Dr. which reads, "Degenerative disc disease and facet arthritis of the lower three lumbar levels as described above with evidence of previous left hemilaminectomy and L4/L5. Mild pressure noted on the left side of the thecal sac and left nerve root at the L3/L4, facet arthritis, and bulging discs/osteophytes. Mild pressure suspected on the left nerve root and left side of the thecal sac by the prominent bulging disc at L4/L5, and the left nerve root is slightly swollen."
38. He saw Dr. on 10/21/05 and was felt not to be a candidate for further surgery.
39. I reviewed a report from Dr. psychologist, dated 11/21/05.
40. A spinal cord stimulator was attempted on 12/12/05 by Dr.
41. On 04/24/06 he had a left L3/L4, L4/L5, and L5/S1 and left sacroiliac joint injections by Dr.
42. He had an evaluation on 08/25/06 by Dr. A spinal fusion was suggested.
43. He continued with injections into 2007. The spinal cord stimulator could not be reinserted.
44. I reviewed a report from Dr. dated 08/02/07.
45. I reviewed a report from Dr. dated 11/13/07.
46. I reviewed a report from Dr. dated 12/04/07.

ODG Guidelines were not presented for review.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

Apparently the injured employee hurt his low back. He was apparently deemed to have a compensable injury to his lower back for which he has had extensive diagnostic and therapeutic intervention as chronicled above. He has failed a dorsal column stimulator. He has failed the reinsertion of a dorsal column stimulator, and he has failed a morphine pump. He has had extensive lumbar epidural steroid injections in the left L3/L4, L4/L5, and L5/S1 facet and left sacroiliac joint injections. None of them have brought him any lasting relief. He has continued on medications.

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

The left sacroiliac joint has not, in my opinion, been satisfactorily identified as a pain generator in this case. He has had multiple injections, which have not yielded significant benefit, as far as I can ascertain. There have been no tests documenting the sacroiliac joint as being one of the pain generators.

Regarding the facet blocks, the ODG Guidelines are rather clear on this. There is never to be more than two joints done at any one time, and the proposal is for three injections. The ODG Guidelines also indicate that there needs to be at least 80% relief for the duration of the local anesthetic and 70% relief over six weeks, neither of which have been documented to have occurred here.

Overall, I do not see convincing evidence that the facet joints have been implicated as the pain generators nor the left sacroiliac joint. The proposed protocol for facet injections is inconsistent with the ODG Guidelines.

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