

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 01/24/08

**IRO CASE #:**

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

Diagnostic injections to the facet joints at L3-S1

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

Board Certified in Orthopedic Surgery

### **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.

Diagnostic injections to the facet joints at L3-S1 - Upheld

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

A DWC-1 form

An ambulance report from unknown emergency medical technicians (signatures were illegible)

A nursing note from an unknown nurse (signature was illegible)

An emergency room evaluation with Dr. (no credentials were listed)

X-rays of the left shoulder and chest interpreted by, M.D.

A discharge note from an unknown provider (signature was illegible)

Evaluations with D.O. dated 12/18/06, 12/21/06, 12/27/06, 01/10/07, 01/24/07, 02/20/07, 03/13/07, 04/10/07, 05/22/07, 06/12/07, and 08/22/07

DWC-73 forms from Dr. dated 12/18/06, 12/21/06, 01/10/07, 01/24/07, 02/26/07, 03/13/07, 03/27/07, 04/10/07, 04/24/07, and 05/10/07

X-rays of the lumbosacral spine interpreted by Dr. dated 12/21/06

An MRI of the lumbar spine interpreted by M.D. dated 01/09/07

A physical therapy evaluation and plan of care with L.P.T. dated 02/12/07

Physical therapy with Mr. dated 02/12/07, 03/13/07, 03/15/07, 03/21/07, 03/26/07, 03/28/07, 03/30/07, and 04/05/07

A Notice of Disputed Issue(s) and Refusal to Pay Benefits form from the insurance carrier dated 02/20/07

Evaluations with Dr. dated 03/27/07, 04/24/07, and 05/10/07

An evaluation and EMG/NCV study with M.D. dated 04/16/07

A pain diagram dated 07/19/07

An evaluation with M.D. dated 09/24/07

Physician's orders from Dr. dated 09/26/07

A workers' compensation worksheet from M.D. dated 09/27/07

An evaluation with Dr. dated 12/19/07

A letter of adverse determination, according to the ODG, from M.D. dated 12/27/07

A letter from Medical Coordinators at Management, dated 12/28/07

A letter of adverse determination, according to the ODG, from M.D. dated 01/04/08

The ODG criteria were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The DWC-1 form noted the patient fell on water on the floor and strained her shoulder(s). X-rays of the left shoulder and chest interpreted by Dr. were unremarkable. X-rays of the lumbosacral spine interpreted by Dr. on 12/18/06 revealed questionably bony encroachment into the intervertebral neuroforamina at L4-L5 and L5-S1. On 12/21/06, Dr. prescribed Lortab. An MRI of the lumbar spine interpreted by Dr. on 01/09/07 revealed mild narrowing at L5-S1 and multilevel arthritic facet changes. Physical therapy was performed from 02/12/07 through 04/05/07 for a total of eight sessions. On 02/20/07, Dr. prescribed Naprosyn and Ultram ER. On 02/20/07, the insurance carrier accepted only a low back injury and denied the arthritic changes. An EMG/NCV study interpreted by Dr. on 04/16/07 revealed an L5-S1 right greater than left radiculopathy. On 05/10/07, Dr. recommended an epidural steroid injection (ESI) and a Medrol Dosepak. On 06/12/07, Dr. recommended weight loss and an

evaluation with a personal physician for blood pressure. On 09/24/07, Dr. recommended Naprosyn, Vicodin, Flexeril, and a pain management evaluation for possible injections. Lumbar facet injections were recommended by Dr. on 12/19/07. On 12/27/07, Dr. wrote a letter of adverse determination for the facet injections. On 01/04/08, Dr. wrote a letter of adverse determination for the injections.

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

The screening criteria of the ODG have been quoted by the original reviewers and will not be repeated in detail. Essentially, in order to recommend facet joint injections, there must be a clear history of facet mediated pain. This individual had an injury when she slipped on some water in the room, striking her back. She had complaints of pain at the time in the upper back and in the clavicular area, as evidenced by the emergency room records and the fact that shoulder x-rays were obtained at that time. Only later did she begin to complain of pain in the lower back. At that time, she was felt to have a sacral contusion and strain. An MRI in January of 2007 showed multilevel bilateral arthritic facet changes at L4-L5 and L5-S1. There was no evidence that the slip and fall aggravated her facet joints. She appears to have degenerative changes within her spine. Therefore, in my opinion, the requested diagnostic injections to the facet joints at L3-S1 are neither reasonable nor necessary, as the patient does not meet the criteria of the ODG.

**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)