

True Decisions Inc.

An Independent Review Organization

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IRO REVIEWER REPORT TEMPLATE -WC

DATE OF REVIEW:

JANUARY 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient bilateral lumbar facet injections L3 to S1

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

No ODG Guidelines

X-ray pelvis

CT head

CT lumbar spine, 11/08/06

MRI pelvis, 11/08/06

MRI lumbar spine, 12/15/06

Office notes, Dr., 09/26/06, 12/28/06, 05/10/07, 05/18/07, 06/05/07

Office note, Dr., 01/26/07, 05/02/07, 06/20/07, 10/02/07

ESI, 03/10/07

Office note, Dr., 03/12/07, 04/03/07, 04/04/07

CT, 05/07/07

Right L5-S1 ESI, 05/14/07

MRI, 06/27/07

Office note, Dr., 07/11/07, 09/24/07, 12/10/07, 08/15/07, 08/29/07, 10/23/07
Office note, Dr., 08/13/07
Flexion/extension lumbar spine, 08/13/07
Forte, 10/12/07, 11/01/07
FCE, 10/22/07
Office note, Dr., 10/22/07
Physical Therapy Notes, 06/05/07-06/20/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who fell and has had complaints of back pain since that time. X-rays of the pelvis were normal; cervical spine x-rays showed straightening of lordosis and the left hip was unremarkable. An 11/08/06 CT of the lumbar spine showed L4-5 and L5-S1 dessication with a mild annular bulge at L4-5 and L5-S1. L1-2, 2-3 and 3-4 were normal. An MRI of the pelvis on 11/08/06 was also normal. The claimant was noted to have concurrent cervical pain and received treatment for that.

The claimant came under the care of Dr. and. On 12/20/06 Dr. noted there were no radiculopathy complaints in the lower extremities. On examination the claimant had spasm and tenderness. Dr. saw the claimant on 01/26/07 noting back pain and complaints of lower extremity radiculopathy. Physical therapy had not helped. Straight leg raise was positive at 30 degrees and was worse with dorsiflexion of the foot. No neurological deficits were noted and reflexes were equal bilaterally. Medications were recommended.

On 03/10/07 the claimant had an L5-S1 ESI. Follow up with Dr. took place on 03/12/07 and the claimant reported back and thigh pain with walking. Work restrictions were recommended. On 04/03/07 the claimant returned to Dr. noting that he had no back pain. On examination there was mild tenderness over L3 to 5 paravertebral muscles. Straight leg raise was negative bilaterally and reflexes and sensation were normal. Work restriction of 45 pound lifting was recommended. On 04/04 the claimant requested a return to full duty and this was obliged.

Pain returned and on 05/02/07 Dr. was again seeing the claimant. The lumbar spine was tender over the spinous and paraspinous regions and Dr. noted the claimant still had radicular pain. A 05/07/07 CT of the lumbar spine showed an L3-4 diffuse bulge. At L4-5 there was moderate facet arthritis on right and a disc bulge. L5-S1 showed mild facet arthritis bilaterally. No nerve root entrapment was seen. The myelogram showed the nerve root sleeves intact and the nerve roots were normal. A 06/27/07 MRI of the lumbar spine documented that L2-3 and 3-4 were normal. At L4-5 there was minimal disc dessication, discogenic sclerosis and minimal bulging. L5-S1 showed mild dessication and bulging. Facet arthrosis caused no stenosis or foraminal narrowing.

The claimant was referred for neurosurgical evaluation on 08/13/07. Dr. noted reduced lumbar motion. The claimant was able to toe and heel walk, had normal strength and there was normal sensation. Flexion/extension films on 08/13/07 showed no subluxation. It did note facet arthrosis at L2-4, 4-5 and L5-S1 with narrowing at L4-5. Surgery was not indicated.

An FCE was done of 10/22/07 and reported that effort was inconsistent but also recommended that the claimant remain off work. On 10/02/07 Dr. saw the claimant again for back pain left more than right. He suggested facet injections as ESI had not helped. On examination there was pain with palpation paraspinous region over the facets. No new neurological deficits were appreciated. The claimant had pain with flexion, extension and lateral motion. Bilateral facet injections and left SI injection were recommended.

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

The claimant is a gentleman who has had ongoing back pain. The medical record documents multiple diagnostic studies revealing degenerative change of the lumbar spine. He has undergone epidural steroid injections, nerve root decompression with RACZ catheter, different medications, and evaluation by a number of different practitioner's. There has been flexion/extension stress views documenting degenerative change with no abnormal motion and now bilateral facet injections lumbar spine have been requested in an attempt to treat this patient's ongoing subjective complaints.

The Reviewer does not see the medical indication for the requested bilateral lumbar facet injections L3 through S1. This medical record is filled with subjective complaints with normal objective evaluations. He has undergone multiple diagnostic tests without clear evidence of a problem that might cause his complaints. Therefore, based on my review of this medical record, the Reviewer does not see the indication for the requested multilevel injections.

Official Disability Guidelines Treatment in Worker's Comp 2008, Low Back

Facet joint intra-articular injections (therapeutic blocks)

Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:

1. No more than one therapeutic intra-articular block is recommended.
 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
 3. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
 4. No more than 2 joint levels may be blocked at any one time.
 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy
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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)