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Notice of Independent Review Decision

DATE OF REVIEW: July 25, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-S1 facet medial nerve blocks

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

PATIENT CLINICAL HISTORY:

This is a female who sustained a work-related injury on xx/xx/xx involving the lumbar spine.

A lumbar MRI performed on February 8, 2007 revealed degenerative disc disease at the L5-S1 level, with a question of small protrusion centrally at this level.

Subsequent to this the patient underwent, in December of 2007, disc displacement

surgery at the L5-S1 level.

In the followup examination on May 1, 2008, the patient is complaining of not having good relief from her medications due to increase in physical therapy. The patient is reporting pain radiating to the right buttock, left posterior thigh, and left posterior lower leg and foot (feet) to the left foot plantar surface. The associated symptoms include stiffness, radicular left leg pain, numbness in the foot, and weakness of the upper left leg and left lower leg. The current medications at that time consisted of Kadian, Lortab 10/500, Zanaflex, and Celebrex. The assessment at that time was bulging lumbar discs.

Of note, a followup note performed by an orthopedic surgeon, D.O., on May 12, 2008, reveals the patient complaining of severe low back pain and unable to perform day-to-day activities because of the pain, with noticeable increasing "clicking" sounds in her low back. A popping-type sound was identified in clinical examination with rotation to the left. Dr. mentioned a CT lumbar myelogram to evaluate the lumbar spine and determine if there were any hardware failures. He also recommended diagnostic lumbar facet injections.

The last submitted followup note for review is dated July 7, 2008, performed by the requesting provider, Dr. This reveals that the patient has now a diagnosis of lumbar spondyloarthritis and lumbosacral radiculopathy. The clinical examination reveals full active range of motion with flexion and limited active range of motion with extension (25 degrees). The maneuvers revealed a positive bilateral Kemp. It appears that the patient's medication management now consists of Celebrex, Zanaflex, Kadian, and Dilaudid.

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

After a review of the information submitted, the recommendation is that the previous denial for bilateral lumbar facet joint injections from L4 through S1 levels be upheld. The patient does not appear, based on the information available to reviewer, to have a reasonable suspicion for lumbar facet joint pain. This patient's subjective complaints and clinical examinations do not correlate. The submitted lumbar MRI never revealed facet joint hypertrophy or any other facet joint problems.

According to the Official Disability Guidelines, the criteria for use of diagnostic blocks for facet mediated pain is limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. Given the multiple pain generators this patient is currently complaining of, the above recommended intervention is not likely to produce substantial sustained pain relief. Therefore, the denial of bilateral L4 through S1 facet medial nerve blocks is upheld.

The guidelines references used are the Official Disability Guidelines, Treatment Index, 6th Edition (Webb), 2008, Low Back-Diagnostic Facet Blocks.

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)**