



REVIEWER'S REPORT

DATE OF REVIEW: 06/26/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4/L5 and L5/S1 facet injections.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, and 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 have reviewed the Texas Department of Insurance Division of Worker's Compensation Decision and Order from Hearing Officer dated 08/22/07. The note indicates a compensable injury sustained on xx/xx/xx does not extend to and include lumbar MRI scan findings dated 03/05/07 (diffuse lumbar spondylosis with facet osteoarthritis, Schmorl's node involving the superior endplate at L4 with associated edema and enhancement of the L4 vertebral body, disc bulges detected at L3/L4 and L4/L5 causing central canal and neural foraminal narrowing as described in detail above, postoperative changes noted at L5/S1 without abnormal enhancement or mass.)
2. I reviewed a report from Dr. dated 04/04/08.
3. I reviewed a note dated 04/30/08 from Dr. who diagnosed him with lumbar facet dysfunction.
4. I reviewed a note from Dr. dated 04/30/07 where he diagnosed him with “severe spinal stenosis at L3/L4 and L4/L5 with an aggravation of injury of 02/16/07, history of lumbar fusion at L5/S1 in 1985.”

5. I reviewed a letter dated 05/21/08 from Dr. indicating the injured employee was given a 5% impairment rating.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

Apparently this xx-year-old male injured his low back at work on xx/xx/xx while moving cables across a concrete floor. In 1985 he underwent a L5/S1 fusion. His MRI scan showed degenerative changes including spinal canal stenosis and facet arthritis. A hearing officer indicated that the MRI findings, which included the lumbar facet arthritis, were not compensable. Diagnosis on 04/04/08 was that of a lumbar strain with symptom exaggeration. There does not appear to be a continuity of care in the records I have reviewed. The injured employee does have pain with back extension on 04/30/08 with a suggestion that this is a facet syndrome. This was not previously diagnosed, and the hearing officer had indicated that the changes on the MRI scan were not compensable, and in order to have a facet syndrome, you need to have radiographic findings such as that on an MRI scan. Merely a complaint of back pain on extension is not sufficient to make the diagnosis of a facet syndrome or facet dysfunction.

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

The lack of continuity, the exclusion by the hearing officer for the changes on the MRI scan including the facet changes, and the relative contemporary diagnosis of facet syndrome contrary to that which had been diagnosed previously lead me to conclude that this is not an indicated procedure for the compensable injury as described by the hearing officer and discussed in the medical records of the physicians that I have reviewed above.

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 judgment, 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.)