RyCo MedReview
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Notice of Independent Review Decision

DATE OF REVIEW: 07/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet block at levels L2-3, L3-4, L4-5

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.

Facet block at levels L2-3, L3-4, L4-5 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- S.O.A.P. notes, M.D., 04/04/06, 06/27/06, 08/22/06, 10/24/06, 10/30/06, 11/20/06, 11/28/06, 02/06/07, 03/20/07, 05/15/07, 06/26/07, 08/07/07, 10/30/07, 01/08/08, 03/28/08
- Patient information sheet, Orthopaedic & Fracture Clinic, 04/04/06

- Chart notes, 05/02/06, 06/06/06, 07/26/06, 09/12/06, 10/02/06, 01/12/07, 03/27/08, 05/02/08, 05/23/08
- Lumbar discogram, Dr. 06/16/06
- CT / Lumbar spine unenhanced, Dr. 06/16/06
- Examination evaluation, Dr. 09/21/06, 12/28/06, 03/14/08
- Intradiscal electrothermal annuloplasty at L2-3 and L3-4, Dr. 09/21/06
- IDET Unlisted Nerve Proc. Panel, Dr. 09/21/06
- Discharge summary, Dr. 12/12/06
- Examination evaluation, M.D., Specialty Transplant, 12/28/06, 12/31/06
- Operative report, Dr. 12/28/06
- Doctor results after discharge, Dr. 12/28/06, 12/31/06
- Letter from (Attorney) to Dr. 08/15/07
- P-lumbar myelo w/ lumbar stick, CT / Lumbar spine unenhanced, M.D., 03/14/08
- Pre-authorization request, 04/08/08
- Adverse determination letter, 04/25/08
- Adverse determination letter, 04/28/08
- Reconsideration letter, Dr. 05/16/08
- Adverse determination letter, 05/21/08
- Adverse determination letter, 05/27/08
- Notice of assignment of independent review organization, 06/24/08
- The ODG Guidelines were not provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient was injured while lifting and twisting on xx/xx/xx. He had episodic problems primarily in his right leg, but it later started to affect his left leg. He has had three epidural steroid injections and has undergone multiple MRIs. X-rays confirm grade I spondylolisthesis with segmental instability.

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

The patient specifically has a lumbar radiculopathy noted, with radiating pain status post multilevel lumbar fusion at L4-L5 and L5-S1, with gill procedures, as well as decompressive bilateral laminectomy. The radicular complaints are a specific contraindication to facet joint injections per ***ODG*** Web-based guidelines 13th Edition, where it notes the criteria limited to the patient's low back pain is nonradicular at no more than two levels. Therefore, this request is outside of that criteria.

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)