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Notice of Independent Review Decision

DATE OF REVIEW: 07/31/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-L5, L5-S1 facet joint injection under fluoroscopy

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.

Bilateral L4-L5, L5-S1 facet joint injection under fluoroscopy - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Emergency physician record, Hospital
- Examination evaluation, M.D.
- Three views of the ankle, M.D.
- Four views of the knee, Dr.

- Five view lumbar series, Dr.
- Discharge instructions, Hospital
- Triage Note, Hospital
- Letter from D.C. regarding DWC-73, 05/05/08, 05/19/08
- DWC-73, D.C. 05/05/08, 05/20/08, 06/02/08
- Therapy notes, Chiropractic, 05/05/08, 05/06/08, 05/08/08, 05/12/08, 05/15/08, 05/19/08, 05/27/08
- Emergency room physician orders, 05/21/08
- MRI of the right ankle, M.D., 05/22/08
- MRI of the lumbar spine, Dr. 05/22/08
- Notice of Utilization Review Decision, 05/28/08
- Referral from D.C. to M.D., 06/05/08
- DWC-73, Dr. 06/06/08
- Examination evaluation, Dr. 06/06/08
- Pre-authorization request, Rehabilitation Medicine & Pain Clinic, P.A., 06/09/08
- Adverse determination, 06/12/08, 06/18/08, 07/10/08
- Notice of disputed issue(s) and refusal to pay benefits, 06/19/08, 06/26/08, 06/30/08
- Physician determination (appeal), 07/02/08
- Notice of assignment of IRO, 07/16/08
- Patient information sheet (no date)
- Information from Chiropractic regarding Texas Administrative Code Rule 134.6 (no date)
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient sustained an injury on xx/xx/xx when she twisted her ankle and fell. She complained of a sharp pain to her lower back bilaterally and right ankle. She has received x-rays of the left ankle, left knee, and lumbar spine, multiple MRI's and recently began chiropractic treatment in the form of physical therapy. Her most recent medications include Prozac, Biofreeze and Motrin.

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

According to the medical records sent for review, this patient has not received appropriate treatment for her injuries. The patient has a sprain/strain of the lumbar spine and a contusion to her ankle. The MRI revealed preexisting degenerative disease in the lumbar spine, which recent medical evidence indicates is neither aggravated, nor altered by such a low energy injury. Facet

joint injections are not recommended, according to the **ODG** as the current evidence is conflicting as to this procedure.

As facet joint pain is a diagnosis of inclusion, one must treat the patient's deconditioning and minor degenerative disease before proceeding with facet blocks. Tenderness in the lumbosacral region, allegedly over the facets, is not sufficient evidence that the patient has a facet syndrome or that the patient would respond to facet joint injections. Therefore, according to the **ODG**, the request for a bilateral facet joint injection would not be authorized for this patient.

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)**