

I-Decisions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(207) 338-1141 (phone)

(866) 676-7547 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet Under Fluoro with IV Sedation @ L4-5, L5-S1 and Left SI Joint Injection (64475, 64476, 77003, 99144)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and 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.

The reviewer finds that medical necessity does not exist for Facet Under Fluoro with IV Sedation @ L4-5, L5-S1 and Left SI Joint Injection (64475, 64476, 77003, 99144).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 5/20/08, 4/24/08
ODG Guidelines and Treatment Guidelines
Preauthorization Requests, 5/13/08, 4/21/08

, MD, 5/5/08, 4/14/08, 4/9/08, 6/7/07
Pages 4 and 5 only of unsigned letter, 3/9/07
, MD, 4/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a year old man who sustained work related injuries following a 15 foot fall from a ladder or scaffold on xx/xx/xx. He had no neurological deficits, but a positive SLR. The MRI done on 12/12/06 reportedly showed (actual report not provided) disc bulge at L3-4 with protrusions at L4/5 and L5/S1. There was a posterior zone of hyperintensity reported as well as possible right sided S1 root impingement. Dr. saw him on April 11, 2007 and advised a sacroiliac injection. Dr. saw him on 6/7/07 and advised a SI and facet block. He underwent a left SI block and bilateral facet injections at L3/4, L4/5 and L5/S1 under fluoroscopy on 4/9/08. Dr. saw him on 5/14/08 and felt there was a 70% decrease in pain from a 7/10 to a 4/10 level. He had more function. There is a letter of appeal dated 5/8/08 for a second and third SI and facet injection. Dr. objected to the adverse decisions based upon the ODG.

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

The reviewer finds that medical necessity does not exist for Facet Under Fluoro with IV Sedation @ L4-5, L5-S1 and Left SI Joint Injection (64475, 64476, 77003, 99144).

Dr. is correct that the ODG is a set of guidelines. In fact the ODG itself states:

“The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.” (ODG copyright page)

As such, a variance from the guidelines is permitted with the identification of the unique situation. In this situation, there is perhaps 70% reduction although this was not confirmed by the VAS report of the patient, but was by the physician. The guidelines are clear in that facet and epidural injections should not be performed on the same day. Given the records that have been reviewed, the reviewer sees no justification to vary from the guidelines from the information provided.

Sacroiliac joint blocks..

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy.
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
- 6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.**
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.

8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.

9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

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)