MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: **MARCH 19, 2008**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Facet joint injections.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
MD, Board Certified in Neurosurgery

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☐ Upheld (Agree)

X 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse determination letter.
2. Spine specialist, M.D. evaluation 12/12/07.
3. Office notes from the primary care physician dating from 1/26/05 through 6/12/07.
4. Neurosurgery, M.D. who felt that the patient was suffering from left SI joint pain and lumbar discogenic pain.
5. Chiropractic notes from Dr. throughout July of 2005.
6. EMG performed by, M.D. on 08/08/05.
7. M.D. IME dated 8/3/05 and 1/5/07.

8. Orthopedic surgery evaluation from M.D. 1/16/06 and 5/12/06 recommending SI joint injections.
9. MRI of pelvis and hip dated 1/10/06 showing right SI joint degenerative changes.
10. Pain management evaluation from M.D. 2/16/06 recommending SI joint injections.
11. Back Institute notes from 8/1/06 to 10/16/07 recommending a discography and later facet joint injections.
12. Required medical examination from Health Systems 1/5/07.
13. MRI scan of lumbar scan 10/12/07.
14. ODG not provided.

PATIENT CLINICAL HISTORY [SUMMARY]:

This now xx year-old woman, in xxxx began complaining of severe low back pain when she was doing a lot of pushing of shopping carts. At that point she reported to her primary care physician. She was described as having left hip pain, but her pain diagram actually centers more across the low back slightly eccentric to the left side centering near the SI joint. She was given physical therapy and ultimately had two sets of SI joint injections with various diagnoses from mechanical low back pain to SI joint dysfunction. She has had imaging studies of her hip as well. Nothing was found of that with the exception of degenerative changes in the low back. She has had neurosurgical evaluations, chiropractic evaluations, and treatment. She has had a negative EMG. She has had at least three independent and/or required medical evaluations and two MRI scans. Despite all of this attention, she continues to deteriorate in terms of focal points of low back pain. She worked her way from non-steroidal anti-inflammatory agents through class 3 narcotics and now class 2 narcotics supplemented with class 2 narcotics with breakthrough pain and no apparent improvement. It has now been recommended that she have facet joint blocks after an MRI scan of the lumbar spine dated 10/12/07 found her to have some facet degeneration and physical exam found her to have pain with hyperextension of her low back.

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

This is truly a gray area. It is very difficult to say two years later that this woman's facet joint pain is suddenly manifesting itself. A more tenable hypothesis is that the diagnosis of SI pain has been incorrect and has been propagated down the line; she has had two injections into her joints without improvement, so one must start to consider other diagnoses. The next most likely source would be facet joint pain, particularly in light of the physical exam findings of

hyperextension faithfully reproducing the pain. While diagnostic facet joint injections are somewhat held in low repute, as indicated above, this situation with this patient is deteriorating. Her narcotic use is accelerating and there is no other reasonable course of action. The rationale and basis for this is the ***American Association of Neurologic Surgeons*** recommendation for the treatment of low back pain as well as the guidelines in the textbook ***Surgical Treatment For Low Back Pain,*** also the ***North American Spine Society's*** guideline for treatment of low back pain.

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**
- X **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**

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

* ***Surgical Treatment For Low Back Pain***

X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

* ***American Association of Neurologic Surgeons***
* ***North American Spine Society [G***uideline for treatment of low back pain]