

# Clear Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

**DATE OF REVIEW:** MARCH 3, 2008

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar caudal epidural steroid injection, bilateral lumbar facet joint injections, L4/L5.

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

M.D., board certified Orthopedic Surgeon and board certified in Pain Management

## **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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Adverse Determination Letters, 12/05/07 and 01/11/08
2. ODG Guidelines and Treatment Guidelines
3. M.D., 12/24/07, 02/22/07, 01/08/07, 11/07/06, 10/20/06, 09/14/06, 09/01/06, 02/09/07
4. M.D., 08/15/06
5. D.O., 06/09/06
6. M.D., 05/02/06

7. Exercise progress notes, undated
8. M.D., 06/19/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured claimant who developed back and left leg pain. He is also stated to have a lumbar herniation at L4/L5. He is apparently, according to medical records, had good relief with previous epidural steroid injection. Current request is for a lumbar epidural steroid injection at the same time as a facet block at L4/L5.

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

While the patient's EMG/nerve conduction study does suggest L5/S1 right-sided radiculopathy, and there is evidence of previous benefit from epidural steroid injections, the epidural steroid injection request would appear to be reasonable. However, there is no clinical information to support facet-mediated pain, and if radiculopathy is actually present, then the facet joint injections would not be medically necessary according to the ODG guidelines. In particular, in this patient who is xx years of age, the medical necessity of performing a lumbar epidural steroid injection and bilateral facet joint injection at the same time is not medically necessary. There is no medical evidence in the records supporting the request for the facet joint injections. There is also no explanation or reason in the medical records for performing these concurrently. The reviewer finds that based on the records provided, medical judgment and the ODG Guidelines that the previous adverse determinations should be upheld.

**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)**