

I-Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

(512) 782-4415 (phone)

(512) 233-5110 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MAY 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet injection L5-S1

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

Adverse Determination Letters, 3/21/08, 4/4/08

ODG Guidelines and Treatment Guidelines

MD, 3/10/08, 11/21/07

MRI of Lumbar Spine, 2/17/03

MD, 9/13/07, 10/9/07

MD, 10/9/07, 1/20/04, 2/4/04, 6/16/04, 8/19/04, 3/29/04, 11/15/04, 10/15/04, 8/19/04, 3/29/04,

1/27/05, 11/15/04, 10/15/04, 2/24/05, 1/27/05, 11/15/04, 3/31/05, 2/24/05, 1/27/05, 5/2/05,

3/31/05, 2/24/05, 6/6/05, 5/2/05, 3/31/05, 8/18/05, 7/18/05, 6/6/05, 9/22/05, 8/18/05, 7/18/05,

10/21/05, 9/22/05, 8/18/05, 1/5/06, 3/21/06, 5/16/06, 7/31/06, 9/14/06, 3/29/07, 6/20/07, 8/30/07

CPT Test, 6/9/03

DC, 12/18/01-11/27/02
IRO Summary, 4/16/08
Employers First Report of Illness and Statement
Ergotest Diagnostic, 6/11/01
MD, 10/26/01
Work Conditioning Notes, 1/26/01, 11/13/01
Designated Medical Exam, 1/31/03 and Clarification, 9/17/03
MD, 3/10/03, 6/16/03
Email from MD, 4/15/03
Copy of Previous Review from MD, 10/3/07
3/21/06

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured when the patient fell while on the job. The patient has undergone chiropractic treatment as well as multidisciplinary treatment which includes trigger point injections, epidural steroid injections, medication management, and physical therapy. The patient has been noted to be diagnosed by Dr. on 10/09/07 as having radiculopathy in the right lower extremity. Dr. saw the patient on 11/21/07 and 3/10/08. Dr. has recommended a right L5-S1 facet joint injection.

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

The reviewer finds that lumbar facet injection L5-S1 is not medically necessary.

Per the *Official Disability Guidelines*, facet joint injections are “limited to patients with low back pain that is non-radicular.” On 10/09/07, it was noted by Dr. that the patient has a right lower extremity radiculopathy. In addition, Dr. mentions in his 11/21/07 office visit note that the patient has pain that radiates from the lower back into the bilateral buttocks and posterior right thigh all the way down into the knee. Given that radiculopathy is seen, this patient would not be a candidate for facet joint injections per the *Official Disability Guidelines*.

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)