

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 05/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left lumbar facet joint injection arthrogram under anesthesia

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)

Upon independent review the reviewer finds that the requested left lumbar facet joint injection arthrogram under anesthesia is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 3/28/08, 4/25/08
ODG Guidelines and Treatment Guidelines
MD, 4/10/08, 3/27/08, 3/13/08, 10/25/07, 4/18/08
Reconsideration Request, 4/18/08
Preauthorization Request, 3/21/08
MD, 2/22/08, 1/13/08, 2/18/08, 1/30/08

MRI of Left Knee, 12/27/07
MRI of Right Shoulder, 12/17/07
Healthcare Center, 12/27/07, 12/18/07, 12/14/07, 12/4/07, 12/10/07, 12/7/07, 12/3/07
Rehab, 12/26/07
Operative Report, 3/19/07 (Date is difficult to read)
Center, 12/12/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This xx year old male patient was injured on xx/xx/xx. The patient complains of pain that is “localized in the lumbar spine area.” The patient is also noted to “not have radiculopathy pain.” On physical exam, it is noted that the patient has “bilateral tenderness upon palpation of the bilateral paravertebral areas of the lumbar spine.” The patient is also noted to have a positive straight leg raise “bilaterally at 35 degrees.” The physical exam also notes “pain upon palpation of the lumbar spine facet distribution.” The levels of tenderness are not noted. The current request is for a left lumbar facet joint injection arthrogram under anesthesia.

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

Per the *Official Disability Guidelines*, the “suggested indicators of pain related to facet joint pathology” include “tenderness to palpation in the paravertebral areas (over the facet region)” and “a normal straight leg raising exam.” In addition, the *Official Disability Guidelines* recommend that “there should be evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy.” The patient is noted to have a positive straight leg raise. It is also noted that the tenderness the patient experiences to palpation is widely distributed over the bilateral paralumbar spine and not specifically over a certain facet joint region. In addition, there is no formal plan for evidence-based activity and exercise. In addition, the exact levels that Dr. wishes to work on are not indicated. Upon consideration of the provided medical records and relevant ODG Guidelines this reviewer finds that the requested left lumbar facet joint injection arthrogram under anesthesia is not medically necessary.

**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)