



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 11/17/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include an injection anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve lumbar or sacral, single level.

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

The reviewer is a medical doctor who is board certified in Anesthesia and Pain Management. This reviewer has been practicing in this field for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding all services under review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr. Utilization Review.

These records consist of the following (duplicate records are only listed from one source): Dr.: 9/22/08 progress note by Dr., 9/26/08 telephone encounter note, 6/16/08 pain drawing, new patient paper work #1 6/16/08, new patient paper work #3 1/28/06 and radiology report of bilateral hips 10/20/08.

: 10/30/08 letter by, 9/26/08 and 10/6/08 denial letters, 9/25/08 report by, MD, 10/3/08 report by PRI, preauth request of 9/23/08 and 10/1/08 by , Impairment rating report by, MD of 3/6/08, DWC 73 dated 2/25/08, 3/4/08 report by, MD,

9/5/08 bilateral SI injection notes, 7/31/08 notes from unknown party (indicate neck/back pain at the top) and 7/31/08 DWC 73.

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job by falling on a wet surface. She has low back pain and tingling in the legs. Standing is more uncomfortable than sitting. A bone scan on 10/24/06 revealed right greater than left uptake. MRI was reportedly normal. SI block was temporarily and partially beneficial.

On 9/22/08 Dr. records that lumbar ROM is painful with decreased extension and flexion. Tenderness is noted over the lumbosacral junction, SI joints and PSIS. He requests bilateral L3 to L5 medial branch blocks.

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

The criteria for use of diagnostic blocks for facet mediated pain are as follows from the ODG: Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of \geq 70%. The pain response should be approximately 2 hours for Lidocaine. This has not been done.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. This criterion is met.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. PT is inferred but not provided in the records sent by either party.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). This criterion is not met.
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint. The joint injection is not being proposed.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward. This procedure has not been authorized.
7. Opioids should not be given as a "sedative" during the procedure. This procedure has not been authorized.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. This procedure has not been authorized.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and

activity logs to support subjective reports of better pain control. This procedure has not been authorized.

10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. This criterion is met.

11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. This criterion is met.

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)