

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** OCTOBER 9, 2008

**IRO CASE #:**

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

Medical necessity of proposed facet block injection (64475)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.2	64475		Prosp	1					Upheld

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

TDI-HWCN-Request for an IRO-14 pages

Respondent records- a total of 173 pages of records received from the carrier to include but not limited to: letter from Law Office of , 9.24.08; letter 8.20.08, 9.10.08; email , 9.19.08; letter 12.5.07; medical timeline 6.13.08; transcription 10.5.07; various dates, DWC 73; notes, 11.1.07-7.1.08; MRI L-spine 11.27.07; report 6.19.08, 12.3.07; DDE 2.4.08, 6.30.08; letter, Dr 3.11.08;

notes 6.27.08-8.22.08 FCE 6.30.08; notes, , 7.2.08; report, 7.8.08; notes, Dr. , 7.16.08-8.7.08, Dr. 7.19.08,7.20.08, 7.21.08; notes 7.24.08; notes, Dr. 8.20.08

Respondent records- a total of 37 pages of records received from the URA to include but not limited to: letters 8.20.08, 9.10.08; notes 6.27.08-8.22.08; MRI 11.27.07

Requestor records- a total of 10 pages of records received to include but not limited to: notes 6.27.08-8.22.08; MRI 11.27.07; report 7.24.08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This individual was employed as a . She is xx years old and injured her lower back. She had conservative treatment ultimately culminating in an L3 transforaminal epidural steroid injection with a complete reduction of pain in the leg. Subsequently she reported stiffness and pain in the back. There is one letter from Dr. (an M.D.) indicating that he received denial for facet injections and felt the patient had obvious facet pain. In his note, the only diagnostic criteria he has is that the patient had difficulty standing from a seated position. He noted stiffness in the lumbar spine and thwarted motions that quickly exacerbations on flexion, extension, rotation, and tilt. There was tenderness over the paraspinous muscles and lumbosacral region. Dr. 's assessment is lumbago lumbar herniated disc with lumbar radiculopathy. Furthermore, an MRI of the lumbar spine did show some disc abnormalities and did not show any evidence of abnormality of arthropathy.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

I conclude that facet injections are unwarranted based on the documentation provided as there is not clear evidence of range of motion or flexion vs. extension or other facet loading activities are not clearly delineated to indicate that there is a facet problem. Certainly anatomically based on the MRI, there was no evidence of facet disease. Therefore, I do not believe that he has proven within reasonable probability that there is facet pain vs. muscular pain. I would have to uphold the carrier's denial under the circumstances.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES