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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet joint injections at L5-S1

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Medical documentation **does not support** the medical necessity of Facet joint injections at L5-S1

ODG utilized for denials

PATIENT CLINICAL HISTORY

[SUMMARY]:

The patient is a xx-year-old female who reported an injury on xx/xx/xx, when she fell off a stool and landed on her back.

Following the injury, the patient underwent magnetic resonance imaging (MRI) which revealed degenerative changes in the lumbar spine including L4-L5, moderate central stenosis at L4-L5 due to broad-based disc defect, and facet joint changes on the left at L2-L3 and bilaterally at L4-L5. She came under pain

management and received injections, Lidoderm patches, and oral medications. In July 2008, M.D. evaluated the patient for pain in the low back bilaterally. Examination of the lumbar spine revealed painful range of motion

(ROM), tenderness at multiple levels marked at L4-5, mild paravertebral muscle spasm, and tenderness over the L4-L5 facets. Dr. assessed discogenic as well as posterior element facet-related pain. MRI of the lumbar spine revealed mild degenerative disc changes at multiple levels.

Dr. reviewed the MRI and noted multilevel degenerative changes in addition to mild facet related hypertrophy at L3-L4, L4-L5, and L5-S1 (left more than the right). He recommended facet joint injections at bilateral L5-S1 initially followed by L4-5 and L3-4 facet injections for both diagnostic and therapeutic purposes. He stated radiofrequency ablation of facets would be considered based on the outcome of these facet injections.

On August 4, 2008, , M.D. denied the request for facet injections with the following rationale: *“1) the patient is a xx year-old female with chronic low back, without radicular symptoms. 2) She has had facet injections on multiple occasions in the past in 2006 (not clear as to how many total injections, or at which levels though at least 2 levels are mentioned. 3) This did not result in sustained pain relief. 4) In point of fact, a note in 2006, states (05/10/2006) “second set (at L3-5 and L4-5) did actually (sic) nothing”. 5) This does not meet ODG, 2008, guidelines criteria for the use of diagnostic blocks for facet “mediated” pain.”*

On August 15, 2008, M.D. denied the appeal for facet joint injections with the following rationale: *“The claimant has chronic low back pain with a history of facet injection in the past without significant relief; MRI shows some mild facet hypertrophy at three lower levels, left more than the right. The claimant has physical examination findings consistent with facet-mediated pain and no evidence of radiculopathy. There is documentation of one denial for this request which reported discussions with the clinician’s office actually had intended to request facet injections. This denial also pointed out the failure of improvement with any prior injections. Determination and rationale: The clinician has requested three separate **epidural steroid injections** and has not objectively demonstrated findings of radiculopathy. The request is not certified.”*

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

History reveals multiple facet injections in the past with little or no benefit. The last two reportedly were of no benefit. This is a year old female with chronic low back pain and injections are not supported by history or fall within ODG recommendations.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES