

**DATE OF REVIEW:** 09/26/2008

**IRO CASE #:**

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

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**

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**

OD Guidelines

Denial Letters 8/12/08 and 8/18/08

Records from Dr. 5/16/08 thru 8/27/08; Letter of Medical Necessity No Date

MRI 11/8/07

PBI 8/12/0-8 and 8/18/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured on the job when a mixer pushed the patient towards a wall. Since that time, the patient complains of neck pain and low back pain. Per the office visit note dated 08/27/08, the patient complains of low back pain that radiates to both legs as well as numbness and weakness to both legs. Physical exam shows that the patient has tenderness to palpation over the "facet joint area." There is no mention as to what level the facet joint pain is located. There is a recommendation for a "medial branch block: bilateral, cervical, lumbar (comparative)." There is no mention as to what levels are specifically being requested for the medial branch blocks in the lumbar spine.

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

Per the Official Disability Guidelines, no more than two levels should be injected when a facet joint injection is performed. Because there is no mention as to what levels are being requested, it is difficult to determine if this recommendation is being followed. In addition, there is some paperwork from a previous review of this case that states that the request is for an L1-S1 medial branch block. Per the Official Disability Guidelines, this would be considered excessive and not appropriate. In addition, the Official Disability Guidelines state that facet joint injections are indicated if there is tenderness to palpation over the paravertebral areas, specifically over the facet joint region. This is the case. However, there is no mention as to exactly what levels the tenderness is located. Also, there should be an absence of radicular findings if facet joint pain is thought to be the diagnosis. The patient complains of pain that radiates to the bilateral lower extremities which defines a radicular-type picture. Given this information, a medial branch block in the lumbar spine is not indicated.

**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)