

NOTICE OF INDEPENDENT REVIEW DECISION

IRO REVIEWER REPORT TEMPLATE – WCN

DATE OF REVIEW:

04/23/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral facet injection in lower spine L4-5 and L5-S1 with fluoroscopy and sedation.

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

Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Bilateral facet injection in lower spine L4-5 and L5-S1 with fluoroscopy and sedation is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 04/10/09 Referral
- 04/09/09 Notice To Utilization Review Agent Of Assignment, , DWC
- 04/09/09 Notice to , LLC Of Case Assignment, , DWC
- 04/09/09 IRO Request Form, DWC
- 04/09/09 Confirmation Of Receipt Of A Request For A Review, DWC
- 04/09/09 memo from with memo from
- 04/08/09 Request For A Review By An Independent Review Organization
- 03/10/09 letter from , Medical Case Manager,
- 03/05/09 fax cover sheet with authorization request from , M.D.,
- 02/12/09 letter from ,
- 02/06/09 fax cover sheet with authorization request from , M.D.,
- 01/20/09 evaluation from , M.D.,
- 10/03/08 Operative Procedure Report, , M.D.,
- 08/19/08 evaluation from , M.D.,
- 08/01/08 Operative Procedure Report, , M.D.,
- 11/30/07 Operative Procedure Report, , M.D.,
- 10/31/07 Required Medical Examination, , M.D.
- 09/26/07 appointment letter from
- 08/09/07 Office Visit, , M.D.,
- 02/23/07 procedure report, , M.D.,
- 02/23/07 Post-Operative Orders & Patient Instructions, , M.D.,

- 01/30/07 evaluation from , M.D.,
- 01/12/07 (Date of Exam) Report of Medical Evaluation, DWC
- 01/12/07 report from , M.D.
- 10/13/06 procedure report, , M.D.,
- 10/13/06 Post-Operative Orders & Patient Instructions, , M.D.,
- 03/31/06 Post-Operative Orders & Patient Instructions, , M.D.,
- 03/31/06 procedure report, , M.D.,
- 11/14/05 Operative Note, , M.D.,
- 09/14/05 MRI lumbar spine,
- Undated letter from claimant
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx year old injured individual post fall in xxxx with lower back pain, radicular symptoms and weakness of the iliopsoas muscle. The second lumbar block did not give relief. The attending provider (AP) wants to continue with facet blocks.

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

The clinical data presented indicates that the injured individual's pain is associated with a lack of objective and historical data to support the diagnosis of facet mediated pain requiring facet injections. The Official Disability Guideline (ODG) indicates that facet injections are not recommended for acute, subacute or chronic lower back pain or for any radicular pain syndrome. The injured individual presents with right iliopsoas weakness, prior use of epidural injections that helped (used for nerve root irritation), and evidence on MRI of spondylolisthesis at L4-5 with marked foraminal elongation, annular bulging and severe foraminal stenosis on the right. Prior facet injections have needed to be repeated for this chronic condition. In xxxx, D.C. indicated a diagnosis of sciatic neuritis. MD in 2006 indicated a diagnosis of low back pain and lumbar disc displacement. Dr. did two facet injections with the second not helping.

ODG-TWC indicates that facet diagnostic blocks are limited to patients with non radicular pain and at no more than two levels bilaterally and a response of more than 70 percent relief for the duration of six months. In this case the second block did not work.

Other guidelines such as the American College of Occupational and Environmental Medicine 2nd ed. Chapter 12 indicate that facet injections are not recommended for acute, chronic or for any radicular symptoms.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES