SENT VIA EMAIL OR FAX ON
Apr/07/2009

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Facet Joint Blocks at L3/4, L4/5

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Procedures, 10/24/06, 11/06/07m 10/09/08
Office notes, Dr., 09/15/08, 10/24/08, 11/17/08, 02/16/09
Non-authorization, Dr., 02/24/09
Peer review, Dr., 03/05/09

PATIENT CLINICAL HISTORY SUMMARY
This is a xx year old male with the diagnosis of facet hypertrophy and lumbosacral spondylosis. The date of injury was on xx/xx/xx. The claimant has had multiple procedures since 10/24/06 when he had a partial laminectomies at L5–S1 and bilateral discectomies at L5-S1 and on 11/06/07 he had an anterior discectomy and interbody fusion with interbody fixation L5-S1 also a posterior decompression L5-S1 and a transverse process fusion with internal fixation. The last surgery was on 10/09/08 in which the claimant had an explanation pedicle fixation and to evaluate the fusion integrity. The claimant had been followed by Dr.

and had been treated conservatively with medication and physical therapy. On 02/16/09 as per physician notes the claimant developed radiating leg pain that started approximately for 3-4 weeks. His low back popped and was followed by pressure and numbness of both legs. X-rays taken on 02/16/09 revealed a persistent scoliotic curve of lumbar spine and an enlarged facet at the L3-4 facet on the right. Dr. has recommended facet joint blocks at L3-4, L4-5.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
The requested facet injections cannot be supported by ODG guidelines for this claimant.

The claimant specifically is noted to have radiating leg pain with numbness in the legs, as well as a positive straight leg raise. This would indicate the claimant has radicular symptoms.

ODG guidelines require that diagnostic facet blocks be performed in patients with back pain that is nonradicular in nature.

Furthermore, the request was for both the L3-4 and L4-5 levels, and the x-rays reportedly only show significant pathology at the L3-4 level.

For these reasons, the request cannot be justified as medically necessary based on the information provided and the evidence-based guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low back – lumbar and thoracic

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)