

SENT VIA EMAIL OR FAX ON
Aug/11/2009

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Blocks @ Bilateral L4/5, L5/S1; Additional Level; Fluoroscopic Guidance

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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 6/2/09 and 6/16/09

Management 7/28/09

Dr. 5/26/09 thru 7/7/09

X-Rays 10/20/08

MRI 10/20/08

Dr. 11/18/08 and 1/6/09

Mental Health Eval 1/22/09

Pain Management 6/10/09 thru 7/21/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured at work on xx/xx/xx with low back pain. He had a Designated Doctor

Exam by Dr. on 11/18/08. He described pain with motion and activity and improvement with rest. The examination showed no local tenderness on neurological loss. He had limited lumbar and no neurological loss. Dr. felt he had a lumbar sprain with left sided sciatica. The lumbar xrays showed no pathology. The Lumbar MRI on 10/20/08 showed a small coincidental L3 hemangioma. There was no disc deterioration or facet changes described.

Dr. saw this man on 5/26/09 and 7/7/09. He described local tenderness along the facet joints at L4/5 and L5/S1. He had pain on spinal extension and lumbar flexion. The neurological exam was normal.

Dr. felt he had facet pain and objected to the prior reviews.

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

The criteria established by the ODG for facet pain is basically local tenderness over the facet joints and a normal neurological exam with normal SLR. The psychological assessment by Dr. described 6 sessions of PT. Dr. said he was participating in a home exercise program. The diagnosis of facet pain is not based upon radiological findings, but upon clinical impression, and lack of alternative diagnoses. The diagnostic criteria in the ODG includes pain relief when supine, and no increase with hyperextension or flexion. This man had pain in these positions. Yet, these are not absolute findings as The ODG also states these findings give a poor prognosis to benefit from a neurotomy. The only examinations provided were one by Dr. and 2 by Dr. Dr. 's argued that he found tenderness at the facets. The Reviewer is not convinced after reviewing the records that this man has facet pain, but the Reviewer is not totally convinced that he does not have this problem. The Reviewer's medical assessment is to defer to Dr. who examined the man. There were no contraindications provided to preclude Dr. 's request to perform the facet injections, and the Reviewer is sure Dr. is aware these injections are not risk free.

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 KNOWLEDGBASE

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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