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Notice of Independent Review Decision

DATE OF REVIEW: 12/04/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet injections bilaterally at L4-L5 and L5-S1

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

Board Certified in Orthopedic 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)

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.

Lumbar facet injections bilaterally at L4-L5 and L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with M.D. dated 05/05/09

Evaluations with M.D. for Dr. dated 06/15/09, 07/02/09, 07/17/09,
An MRI of the lumbar spine interpreted by M.D. dated 07/29/09
An evaluation with M.D. dated 10/20/09
An undated preauthorization request form from Dr.
A Notice of Adverse Determination, according to the Official Disability Guidelines (ODG), from D.O. dated 11/03/09
A Notice of Reconsideration Determination, according to the ODG, from M.D. dated 11/11/09
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On 05/05/09, Dr. performed a cervical steroid injection. On 06/15/09, Dr. recommended motion exercises and continued physical therapy. An MRI of the lumbar spine interpreted by Dr. on 07/29/09 showed disc pathology at L4-L5 and L5-S1 involving the lateral recesses and disc pathology at L3-L4 and L2-L3 would only be significant in the presence of corresponding radiculopathies. On 10/20/09, Dr. recommended bilateral L4-L5 and L5-S1 facet joint injections. On 11/03/09, Dr. wrote a letter of non-certification for the lumbar facet injections. On 11/11/09, Dr. also wrote a letter of non-certification for the lumbar facet injections.

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

There is inadequate documentation that the patient has received aggressive conservative care, including physical therapy. The treatment rendered by Dr. does not appear to meet the current contemporary standards of the ODG. The patient apparently had trigger point injections in his neck and was felt to have a scapulothoracic syndrome and he was told to perform range of motion exercises. However, objective evidence of physical therapy strengthening was not provided. Findings on the MRI are consistent with the patient's date of birth of xx/xx/xx. He has very non-specific findings of lower back pain and tenderness in his lower back. Facet loading maneuvers do not appear to have been performed. The patient does not meet the criteria of the ODG for performing facet injections. Therefore, the request for lumbar facet injections bilaterally at L4-L5 and L5-S1 is neither reasonable nor necessary and the previous adverse determinations should be upheld.

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)