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Notice of Independent Review Decision

DATE OF REVIEW: December 14, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-5 and L5-S1 facet joint steroid injection to include CPT code #64475.

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

American Board of Neurological 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

Medical records from the URA include:

Medical records from the Requestor/Provider include:

PATIENT CLINICAL HISTORY:

This is a male who reports an injury to his lumbar spine on xx/xx/xx. The medical

records are reviewed and begin in 2006.

On February 14, 2006, the patient saw M.D. The physician noted complaints of increasing pain and back stiffness with radiation of the pain to the right posterior thigh and calf. The physician also noted that the patient had numbness. On exam, the patient was six-foot three inches tall and weighed 185 pounds. He had a positive straight leg raise on the right and 4/5 strength in the left extensor hallucis longus; otherwise, his strength was normal. He had symmetric reflexes in his lower extremities. The physician recommended consideration of a spinal cord stimulator and refilled the patient's medications which included Celebrex, Viagra, and Norco.

On August 2, 2006, the patient underwent a lumbar MRI. This revealed a grade I spondylolisthesis at L3-4 with moderate canal stenosis and a right disc protrusion. Laminectomies were noted at L4 and L5.

On August 22, 2006, the patient saw M.D. The patient had complaints of pain from the mid back down to the sacrum. The physician noted that the patient had been lifting a television set while on the job at and developed low back pain and right leg pain. The physician also noted a history of a work-related injury in xxxx. The patient had undergone an L4-5 fusion in the 1990s; however, had persistent pain since then. He reportedly had had minimal leg pain until the incident in June when he lifted the television. On exam, the patient had diffuse tenderness of the lumbosacral spine. His muscle strength was 5/5. He had a positive straight leg raise on the right. He had decreased sensation in the right leg. The physician felt that his leg pain was in the L5 or S1 distribution. Dr. recommended physical therapy and an EMG study.

Dr. saw the patient in followup on March 19, 2007. The patient had complaints of increasing low back pain. He had a lumbar steroid injection and facet injection approximately one and a half years prior and noted benefit. The physician recommended facet injections.

On May 15, 2008, the patient saw Dr. again. At that time, the patient had complaints of low back pain, mid back pain, and leg pain. He was taking narcotics three times a day.

Dr. saw the patient again on May 4, 2009. The patient had increasing problems over the past several months. He had leg pain which he rated as 6-7 on a scale of 1-10. The physician noted that the patient had undergone three prior back surgeries, one of which was to remove hardware. The patient had no motor deficit on examination and an MRI was recommended.

An MRI was performed on May 15, 2009, with and without contrast. This revealed a 3-4 mm disc protrusion at L2-3, a grade I spondylolisthesis at L3-4 with canal stenosis and mild bilateral foraminal stenosis, bilateral laminectomies at L4-5 with a fused appearance of the facet joints and a solid posterolateral bony fusion, and a laminectomy at L5-S1 with a solid posterolateral bony fusion.

On May 18, 2009, Dr. noted that the pain was not constant and is "usually short lived."

Dr. noted complaints of increasing low back pain on November 5, 2009. There was tenderness to palpation over the L4-5 and L5-S1 facet joints. The patient was neurologically intact. The physician recommended L4-5 and L5-S1 facet injections.

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

The facet injections are not medically indicated. Based on the ODG, the criteria for facet injections include patients without evidence of radicular pain. Based on the records throughout the years, this patient has had leg pain and does not clearly have isolated back pain. In addition, facet injections are not recommended on patients who have had a prior fusion. Based on the records, this patient has had a prior fusion at L4-5 and L5-S1. There is evidence of a good fusion based on the studies. Therefore, there should be no motion at this level, and the patient would not be a candidate for facet injections as he has had a fusion and there should be no motion at the joints at these levels.

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)