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Notice of Independent Review Decision

DATE OF REVIEW: 02/04/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left lumbar facet injections at the L4/L5 and L5/S1 levels with fluoroscopy, IV sedation, diagnostic and therapeutic

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

Fellowship Trained in Pain Management, ABA Board Certified in Anesthesiology, and has a Certificate of Added Qualifications in Pain Management

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.

Left lumbar facet injections at the L4/L5 and L5/S1 levels with fluoroscopy, IV sedation, diagnostic and therapeutic

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Physical therapy with P.T. dated 11/26/07

Evaluations with M.D. dated 12/19/07, 02/13/08, 10/15/08, 10/29/08, 12/03/08, and 01/07/09

Procedure notes from Dr. dated 01/09/08 and 11/19/08

An evaluation with D.O. dated 11/05/08

An evaluation with M.D. dated 11/12/08

Preauthorization forms from Dr. dated 12/08/08 and 12/11/08

A letter of non-certification, according to the Official Disability Guidelines (ODG), from M.D. dated 12/11/08

A letter of non-certification, according to the ODG Guidelines, from D.O. dated 01/05/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant was allegedly injured on xx/xx/xx at work while allegedly trying to catch a child jumping off a trampoline.

She was evaluated by Dr. on 12/19/07, approximately three months after the alleged injury. Dr. noted the claimant's complaint of development of lumbar and left leg pain immediately following the alleged injury and the continuation of that pain. He noted an MRI report demonstrating two to three millimeter disc protrusions at L3-4 and L4-5. Physical examination documented moderate nonspecific tenderness to the lumbar area with tenderness over the midline and left facets. Straight leg raising test was negative and motor, sensory, and reflex examinations were normal.

Dr. then performed a lumbar epidural steroid injection on 01/09/08, following up with the claimant on 02/13/08, noting that she had discovered she was pregnant.

Treatment was therefore suspended until follow-up on 10/15/08, when Dr. noted the claimant's "same severe low back pain radiating down into the legs." He stated the claimant had approximately six weeks of 50 to 60 percent relief of pain following the epidural in January and recommended restarting the epidural steroid injections.

On 10/29/08, Dr. again followed up with the claimant, reiterating her complaint of lumbar pain radiating into both legs, worse on the left, "in a radicular-type fashion, down the left leg and all the way down to the ankle and foot, at times causing numbness and tingling into the toes, following an approximate L5 distribution."

Dr. performed another lumbar epidural steroid injection on 11/19/08 and followed up with the claimant on 12/03/2008, noting that she only had approximately twenty percent relief for only a few days. He now recommended the claimant undergo left L4-5 and L5-S1 facet joint injections.

An initial review by a physician advisor on 12/11/08 recommended non-authorization of the request.

A second review by a separate physician advisor on 01/05/09 also recommended non-authorization of the request.

On 01/07/09, Dr. followed up with the claimant, documenting “her pain is gradually increasing in her back, radiating down her left leg.” He again recommended performing lumbar facet injections on the left at L4-5, stating, “If she gets at least 50 percent decrease in her pain with our initial injections, then these could be followed up with radiofrequency ablation of the lumbar facets.”

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

From the initial visit with Dr. on 12/19/07 through the most recent visit of 01/07/09, this claimant has consistently and continuously had the same complaints of low back pain radiating at least into the left, if not both, legs. Dr. stated that the pain is “radicular” following an approximate L5 distribution.” He states that lumbar facet injections are being performed because of the lack of significant benefit from the second lumbar epidural steroid injections, as well as to provide diagnostic information to determine whether the claimant should then undergo radiofrequency ablation of the lumbar facet joints. According to ODG and nationally accepted medical standards, lumbar facet joint injections are not medically reasonable, necessary, or indicated in the presence of radicular pain. Moreover, lumbar facet joint injections are not, according to ODG treatment guidelines, appropriate as a diagnostic injection to determine candidacy for radiofrequency ablation. Therefore, this claimant does not meet the criteria for authorization of lumbar facet joint injections, either diagnostically or therapeutically. She has consistently complained of the same radicular pain into the left, if not both, legs. The requested facet joint injections are not medically appropriate as either a diagnostic endeavor for treatment of lumbar pain with radicular pain or to determine appropriate candidacy for radiofrequency ablation. Therefore, the recommendations of the two previous physician advisors for non-authorization of the requested L4-5 and L5-S1 facet joint injections are upheld. The requested procedures are not medically reasonable or necessary as related to the original injury, nor supported by the ODG or nationally accepted treatment guidelines for any of the claimant’s current clinical conditions or the reasons stated by the requesting physician for performing the injections.

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)