

Wren Systems Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 5, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Facet Block x 1 (64475)

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

MD, Board Certified Orthopedic Surgeon

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.

The reviewer finds that medical necessity exists for Lumbar Facet Block x 1 (64475).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 12/5/08, 11/6/08

ODG Guidelines and Treatment Guidelines

, 12/19/08, 11/14/08, 10/22/08, 9/22/08, 9/24/08

Dr. 8/25/08

CT of Lumbar Spine, 11/25/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a female who injured her back and is reported to have herniated disc at L5/S1, facet arthropathy by CT scan at L5/S1 and L1/L2. She underwent this procedure and had predominantly radicular complaints with some back pain complaints. She had a lumbar epidural steroid injection on 10/08/08 with good improvement of the left lower extremity pain and some relief of her back pain. She has been noted to have a unilateral pars interarticularis defect. A facet block has been recommended. Levels have not been identified as to the level noted for this facet block. CT scan did not confirm the presence of the pars interarticularis defect.

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

Based upon the patient's back pain complaints and her radicular complaints which have been improved by the epidural steroid injection, and based upon the loss of disc space height combined with the facet arthropathy, the reviewer finds that a lumbar facet block would be a reasonable diagnostic and possibly therapeutic methodology to determine if this patient has facet-mediated pain. There are two levels with abnormal pathology on the CT scan, and this would conform to ODG Guidelines concerning the use of facet blocks of no more than two levels. Furthermore, this patient has had other conservative care and has significant 8/10 back pain. It is for all of these reasons that the previous adverse determination(s) have been overturned. The reviewer finds that medical necessity exists for Lumbar Facet Block x 1 (64475).

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)**