

# Wren Systems Inc.

*An Independent Review Organization*

71 Court Street

Belfast, Maine 04915

(512)553-0533 (phone)

(207) 470-1064 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW: FEBRUARY 13, 2009**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar Facet Injections (64475) (77003) (64476) (99217)

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

**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 does not exist for Lumbar Facet Injections (64475) (77003) (64476) (99217).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 12/12/08, 1/9/09  
, MD, 9/27/08, 11/8/08, 12/6/08  
Operative Report, 10/24/08, 11/14/08  
MRI of Lumbar Spine, 7/2/08  
ODG Guidelines and Treatment Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient has pain that radiates “down to his legs”. As of 1/17/09, the patient’s physical exam showed that the patient had a positive “SLR”. There is also tenderness noted over “the facets” in the lower back. Specific levels are not noted.

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

Per the Official Disability Guidelines, facet joint injections are limited to patients with low-back pain that is non-radicular. This patient’s pain is radicular via history and is also verified with an objective finding of a positive “SLR” on physical exam. Therefore per the ODG, facet injections are not indicated in this patient. The reviewer finds that medical necessity does not exist for Lumbar Facet Injections (64475) (77003) (64476) (99217).

**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)