

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/25/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet joint injection, right L3/4, L4/5

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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

OD Guidelines

Denial Letters 12/3/08 and 12/11/08

Radiology Report 11/20/08

Records from 3/10/08 thru 11/24/08

Record from Dr. 8/6/08

Records from 7/17/07 thru 9/12/07

Records from 7/19/07 thru 8/2/07

MRI 7/19/07

OP Report 7/19/07

Surgical Pathology 7/20/07

BOSS 9/14/07

2/11/08 and 2/14/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old woman injured in xx/xx. Dr. wrote she described to him cauda equina

syndrome. She underwent a L4/5 laminectomy on July 19, 2007 for a herniation at this level. She reportedly continued to have bladder and bowel control problems post surgery. She has ongoing back pain. An MRI on 11/28/08 showed multiple levels of disc desiccation and deterioration with the prior laminectomy at L4-5 and L5-S1(not the level described on the operative report.). There was a description of facet hypertrophy at L3/4 and L4/5. An EMG in March 2008 showed a left L5 and bilateral S1 radiculopathy related to the prior surgery. Her current complaints are low back pain with numbness over the medial aspects of both feet.

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

First, does she have facet pain? Her pain is in her back with numbness in her medial feet. Her EMG reported bilateral S1 radiculopathy. The criteria for facet pain includes the absence of radicular findings and a normal sensory exam. She does have the local back pain, but Dr. described bilateral decreased sensation in her feet. It is unlikely that she therefore has facet pain. The block would not therefore be justified.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)