

C-IRO, Inc.
An Independent Review Organization
7301 Ranch Rd. 620 N, Suite 155-199
Austin, TX 78726

Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 3,2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Facet Injections at L3-4, L4-5, and L5-S1 [Inj paravertebral L/S (64475); Inj paravertebral L/S Add-on (64476)]

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 does not exist for Lumbar Facet Injections at L3-4, L4-5, and L5-S1 [Inj paravertebral L/S (64475); Inj paravertebral L/S Add-on (64476)].

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured worker who, according to history, was injured when she was involved in a head-on collision. An MRI of xxxxxx shows mild disc protrusion at L3/L4, L4/L5, and L5/S1 with some annular tears and thinning of the discs but no evidence of any facet arthrosis or nerve root decompression. There were no neurologic deficits and no radicular pain noted. She has pain in range of motion with limited range of motion but no findings on physical examination or symptoms of facet syndrome. Facet injections have been recommended.

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

Based upon the medical records provided, there are neither symptoms nor objective radiologic evidence of facet syndrome in this patient. Hence, the request for facet injections does not correspond to ODG Treatment Guidelines. In addition, three levels would not be recommended by ODG Treatment Guidelines. The use of blocks in this particular individual has not been substantiated by the medical records. Therefore, the medical necessity has not been established. The medical records do not address why the ODG Guidelines or regular clinical judgment criteria should be ignored in this particular case. The reviewer finds that medical necessity does not exist for Lumbar Facet Injections at L3-4, L4-5, and L5-S1 [Inj paravertebral L/S (64475); Inj paravertebral L/S Add-on (64476)].

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 KNOWLEDGBASE
- AHCPH- 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)