

SENT VIA EMAIL OR FAX ON
Aug/04/2009

Applied Assessments LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ASC Lumbar Facet Injection L3/4, L5/S1

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
Interventional Spine Associates 3/6/09 thru 6/9/09
OP Report 4/17/09 and 5/13/09
Radiology Report 8/7/08 and 7/23/08
Dr. 2/6/09
Dr. 3/6/09
Eval 11/12/08

PATIENT CLINICAL HISTORY SUMMARY

This man injured his left low back and leg in xx/xxxx. He was either hit by a truck or involved in a rollover accident. The Reviewer found different descriptions. He was treated for his knee and a back strain. He remained symptomatic for his back. He has a lumbar MRI that showed

a left sided disc protrusion at L5/S1, but there was also facet degeneration. He had 8 weeks of thrice weekly physical therapy and did not improve. Epidural injections in April and May provided relief, more of his leg pain than his back pain. It was felt that the pain was in the left L5/S1 dermatome. His pain drawing showed generalized left lower extremity pain sparing the foot. Dr. examination showed local tenderness over the left facet regions and the LS junction and left SI region. He has pain on lumbar extension. The plan was for additional SI injections. He had a Designated Doctor examination and was felt to be at MMI on 11/12/08.

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

One reviewer argued over the lack of a request for radiological control. The Reviewer suspects that Dr. planned for this based upon the ESI operative report. The first requirement is to determine if this man has facet pain based upon the ODG criteria. The ODG recognizes that diagnostic blocks are necessary to establish the diagnosis, but understands the high incidence of false positive findings. The clinical descriptions in the do not usually describe pain below the knee, but does in the indicators. His pain drawing showed pain in the leg (below the knee). Pain is usually relieved when supine, but his increased when supine. He has pain on extension. Radiological studies are limited in confirming the diagnosis. There is to be absence of radicular findings, but he had relief with left L5/S1 epidural injections. The absence of radicular findings is common in the section on the diagnosis and the therapeutic and diagnostic facet injections. The presence of both radicular symptoms and their relief with two prior ESI at the same level as the proposed facet injections (L5/S1) precludes the Reviewer's approval of the procedure.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)