

I-Resolutions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4415
Fax: (512) 233-5110
Email: manager@i-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/29/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 Lumbar Facet Injection #2 using Fluoroscopy

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Office note Dr. 05/02/07, 04/03/08, 05/08/08, 05/27/08, 06/05/08

MRI lumbar spine 05/08/07

Operative report Dr. 09/19/07

Letter Dr. 04/11/08

MRI lumbar spine 04/18/08

Office note Dr. 06/11/08, 09/02/08, 09/30/08, 10/28/08, 01/20/09, 02/18/09, 03/25/09, 04/07/09, 04/21/09, 05/27/09

Operative report Dr. 08/18/08

Note from rehab 10/07/08, 01/09/09

MRI lumbar spine 12/02/08

Operative report 02/02/09

DDE Dr. 02/27/09

Peer review letter 04/17/09

Peer review denial 05/04/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male who was status post xx/xx/xx L4-5 laminectomy and discectomy. The claimant

continued to have primarily low back pain. The MRI of the lumbar spine from 12/02/08 showed postoperative changes at L4-5, spinal canal was widely normal in caliber. The neural foramina were minimally encroached to normal in caliber. Mild loss of disc signal with a 1 millimeter disc bulge at L5-S1 was noted. The spinal canal and neural foramina were near normal in caliber. Loss of disc signal and mild ligamentous thickening and bony hypertrophic changes at the upper three lumbar levels was reported. The spinal canal and neural foramina were essentially normal in caliber at all three of these segments. On 02/02/09, the claimant underwent a L4-5 facet joint injection.

Dr. performed a designated doctor's evaluation on 02/27/09 and placed the claimant at maximum medical improvement. The claimant was released to full duty on 04/21/09. Dr. evaluated the claimant on 05/27/09. Decreased range of motion with pain on motion of the back was reported. Dr. stated that the facet injection performed previously helped significantly.

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

L4-5 lumbar facet injection number two, using fluoroscopy is not medically indicated and appropriate. This is a male who most recently has been diagnosed with a lumbar disc herniation and lumbar facet disease. It is unclear what benefit these injections have. There is one injection that was performed on 02/02/09 by Dr. who noted following this surgery that there was some improvement in the pain following this facet injection. However, its results have already waned. The request does not meet the ODG criteria for a second lumbar facet injection. The reviewer finds that medical necessity does not exist for L4-5 Lumbar Facet Injection #2 using Fluoroscopy.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter low back

Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion
3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

ODG- facet joint injection, multiple series. Not recommended.

Diagnostic blocks: One set of medial branch blocks is recommended prior to a neurotomy. Intra-articular blocks are not recommended as the diagnostic procedure. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself. See Facet joint diagnostic blocks (injections).

Therapeutic injections: With respect to facet joint intra-articular therapeutic injections, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). See Facet joint intra-articular injections (therapeutic blocks). There is no peer-reviewed literature to support a "series" of therapeutic fact blocks.

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)