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DATE OF REVIEW: May 18, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet injections, L5-S1, to include CPT codes # 77003, 64476, and 64475.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Open MRI of 12/12/08
- MD, 12/24/08
- Anesthesia & Pain Services, 01/10/09, 02/20/09, 04/04/09

Medical records from the Requestor/Provider include:

- Open MRI of, 12/12/08
- MD, 12/24/08
- Anesthesia & Pain Services, 01/10/09, 02/20/09, 04/04/09, 05/13/09
- Regional Hospital, 02/03/09, 03/13/09

PATIENT CLINICAL HISTORY:

The description of services in dispute is lumbar facet joint injections at the L5-S1 level.

This is a female who sustained a work-related injury on xx-xx-xx involving the lumbar spine.

From the initial consultation report performed by pain management specialist, M.D., dated January 10, 2009, the patient was complaining of low back pain with radiation down into her left foot, rated via VAS score of 8 out of 10.

Due to persistence of symptoms following conservative treatment, the patient underwent a lumbar MRI. This was performed on December 12, 2008, which revealed multilevel disc protrusion/herniations at the L2-3 through L4-5 levels, with impression on the thecal sac and narrowing the neural foramina; at the L5-S1 level, a posterior 4 mm disc herniation was noted pressing the thecal sac and narrowing the medial aspect of the neural foramen to each side. Of note, there was no facet disease or spinal stenosis seen at any lumbar level.

An EMG/nerve conduction study performed on December 24, 2008 revealed evidence of left peroneal and bilateral plantar motor neuropathy, as well as right superficial peroneal and left sural sensory neuropathy. Tibial H reflexes were slightly delayed, raising the possibility of bilateral S1 radiculopathy.

Dr. initial clinical impression of this patient was low back pain with radicular symptoms.

Lumbar epidural steroid injections were requested and performed on two occasions, February of 2009 and March of 2009, with reported 85% total pain relief.

The patient is now with some residual pain located in her low back/buttock.

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

After reviewing the information submitted, the previous non-authorization to perform lumbar facet joint injections at the L5-S1 level has been upheld. The patient does not appear, based on the information available to this reviewer, to have a reasonable suspicion for lumbar facet joint pain. The submitted lumbar MRI did not reveal any facet hypertrophy or any other facet problems. The patient appears to have obtained significant pain relief as the result of lumbar epidural steroid injections performed. In addition, according to ODG "Criteria for Diagnostic Lumbar Facet Joint Blocks," this procedure is limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally.

The Guidelines references used the Official Disability Guidelines, ODG Treatment Index, 6th Edition (Webb), 2008, Low Back – Lumbar Facet Joint Blocks.

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)**