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DATE OF REVIEW: 05/08/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-S1 Facet Medial Nerve Blocks

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

Board Certified in Physical Medicine & Rehabilitation

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MRI Lumbar Spine, M.D., 09/09/08
- Office Visit, M.D., 03/25/09
- Denial Letter, Insurance Co., 03/31/09, 04/08/09
- Follow up Visit, Unknown Provider, 04/09/09
- Letter, Dr., 04/13/09
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

The patient hurt his lower back and was treated for discogenic syndrome, bulging lumbar disc and lumbar spondylarthritis. He underwent an MRI of the lumbar spine and was prescribed Lortab and Flexeril.

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

Based upon the provided documentation, the L4-S1 facet medial nerve blocks do not appear medically indicated or necessary to treat this claimant. ODG guidelines for the diagnosis of facet joint pathology indicate tenderness to palpation for paravertebral areas over the facet region with a normal sensory examination, absence of radicular findings, and normal straight leg raising exam are potential indicators of facet joint pathology. The medical documentation provided by the requesting physician documents a normal lumbar examination and normal neurologic examination of the low back. The range of motion is normal. There is no tenderness and the only positive test is the Kemp's test, also known as quadrant load testing. Dreyfus, et al, in his studies of facet joint arthropathy, demonstrated very poor specificity and sensitivity of this test in determining facet joint arthropathy.

Based upon the provided documentation, I therefore find that the requested services are neither reasonable nor medically necessary.

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)**