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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar facet injections L4-S1

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified 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

Adverse Determination Letters, 9/14/09, 9/28/09

Law Offices 10/23/09

ODG Treatment Guidelines, Back and Pain

Dr., MD, 12/11/03-9/8/09

MRI of Lumbar Spine, 10/12/04

Surgery Center, 2/15/06, 10/18/06, 10/19/06, 10/27/06, 4/4/07, 4/6/07, 5/21/08, 5/22/08, 6/5/08, 7/16/08, 7/17/08, 10/21/08, 5/5/09, 6/23/09

Dr. Peer Reviews, 4/14/07, 7/3/08, 10/12/08, 7/21/09

Dr. 5/2/08

Bone & Joint, 10/11/03-12/15/03

Labs, 2008-2009

PATIENT CLINICAL HISTORY SUMMARY

The records provided for review in this case indicate this male patient injured his head and back in a work-related roll-over truck accident in xx/xxxx. MRI of the Lumbar Spine from October 2004 showed small to moderate sized broad-based central to slightly left sided L4-5 disk protrusion, compressing the anterior thecal sac and mildly narrowing the left lateral recess. He had epidural steroid injections in October 2006, and April 2007. According to a progress note of 5/9/07, the patient no longer had radicular pain, and most of his pain was in the lumbar spine over the facet joints. In October 2007, the patient returned to Dr. who noted that facet injections had been approved but that they were unable to reach the patient to

schedule the procedure. On 4/23/08, Dr. noted that the patient's radicular pain had returned along with the facet pain, and recommended an epidural steroid injection. On 5/22/08, an ESI was performed. A 10/27/08 progress note states that after that procedure, the pain was almost completely resolved for 1 to 1 ½ months. By October 2008, progress notes indicate the pain had returned and another ESI was recommended. On 10/21/08, another ESI at L4-5 and L5-S1 on the left side was performed. The procedure was said to help significantly in controlling his pain.

On 4/13/09, Dr. recommended a repeat ESI. On 5/5/09, an ESI was performed. On 6/1/09, a progress note stated the patient received 2 weeks of relief from the May 2009 injection, and Dr. recommended a repeat injection, and a neurosurgical evaluation if there was no overall pain reduction. On 6/23/09, an ESI was performed at L5-S1, with relief of radicular pain according to Dr. 's notes. An examination by Dr. on 9/8/09 revealed continued lower back pain with lower extremity radiculopathy. There is twisting pain. Pain is "severe, excruciating, and intractable at this time." The provider states in the September 2009 progress note that "most of the pain is originating from his facet joints" and that no new neurological deficits are present. There is no evidence in the records of any prior facet blocks that were performed, or the patient's response to the blocks. In a letter dated 9/21/09, Dr. notes that he is requesting median nerve branch facet injections at L4-5 and L5-S1 as a precursor to perform RFTC. "This patient has facet pain which is still present and ongoing."

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

The peer reviewer states in his denial "there is no thorough physical examination of the lumbar spine that would rule out co-existing radiculopathy, the presence of which would preclude utility of facet blocks in accordance with ODG." This reviewer concurs with this assessment. While the provider states there is present and ongoing facet pain, there is no examination in the records made available for review that document the patient's facet pain as per the ODG criteria. In addition, there are no records indicating if any prior facet blocks have been done or the patient's response to this procedure. The reviewer finds that medical necessity does not exist at this time for Bilateral lumbar facet injections, L4-S1.

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)