



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION

DATE OF REVIEW: 11/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4/5/S1 facet joint injection (64475, 64476, 01995, 77003)

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

Texas State Licensed MD Board Certified Physical Medicine & Rehab physician

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

1. Texas Dept of Insurance Assignment to Medwork 10/28/2009
2. Notice of assignment to URA 10/28/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 10/27/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 10/27/2009
6. letter 09/16/2009, 09/09/2009
7. Rqst for reconsideration 09/08/2009 & 09/022009, pain clinic worksheet 08/31/2009, radiology report 02/15/2005
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The claimant is a male who sustained an occupational lower back injury dated xx/xx/xx. He complains of chronic low back pain and failed back syndrome. He is post L3 to S1 fusion, February 15, 2005. Diagnostic x-rays of the lumbar spine demonstrate the L3 to S1 surgical fusion with intervertebral cages, bilateral pedicle screws, and bilateral surgical rods. Based upon the August 31, 2009, "Pain Clinic Worksheet," the claimant is demonstrating focal tenderness to palpation at the paravertebral regions of L4 to S1 with patchy hyperesthesia in the L4 to S1 dermatomal distributions. There is moderate exacerbation of pain with Valsalva maneuvers, such as coughing or sneezing. Forward bending is unrestricted. However, backward bending or extension cause a "locking" sensation in the low back.



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

Based upon the "Official Disability Guidelines" criteria, the lumbar facet injections, "Diagnostic facet blocks should not be performed in patient's who had a previous fusion procedure at the planned injection levels." Because this claimant has a history of a previous L3 to S1 fusion procedure, the requested bilateral L4/5/S1 facet joint injections remain non-authorized, because according to the Official Disability Guidelines, the claimant is not qualified to receive these injections.

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 KNOWLEDGBASE
- 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)