



Southwestern Forensic Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 11/14/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4 through S1 bilateral facet joint injections, lumbar

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- \_\_X\_\_ Upheld (Agree)
\_\_\_\_\_ Overturned (Disagree)
\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a male who was pulling a wrench on xx/xx/xx when he felt a pop in his lumbar spine. He had a past history of lumbar surgery in 2001. He subsequently developed severe lumbar pain. He underwent a multilevel discectomy and fusion from L4 through S1 on xx/xx/xx. He has had persistent pain and is managed by a chronic pain management center. He has had increasing requirements for pain medication. Epidural steroid injections have been ineffectual. Facet hypertrophy at multiple levels has been diagnosed by special imaging studies. Facet joint injections have been recommended at level L4/L5 and L5/S1. The recommendation has been considered and denied, reconsidered and denied.

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

The request is to perform facet joint injections at facets within the fusion zone. These facet joints should not be moving if the fusion is intact, and, therefore, should not be painful and would not respond to specific facet joint injections. It would appear that the extent of pain generator sites has not been adequately investigated. There are facet joints above the fusion site, which are also involved with a pathologic diagnosis of hypertrophy; whether or not they are painful is not clear. It would appear that this request to perform facet joint injections has been considered and denied, reconsidered and denied. The denial appears to be appropriate and should be upheld.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

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 judgment, clinical experience and expertise in accordance with accepted medical standards.

Mercy Center Consensus Conference Guidelines.

Milliman Care Guidelines.

ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.

Pressley Reed, The Medical Disability Advisor.

Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.

Texas TACADA Guidelines.

TMF Screening Criteria Manual.

Peer reviewed national accepted medical literature (provide a description).

Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)