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Notice of Independent Review Decision

DATE OF REVIEW: 09/17/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Bilateral L5-S1 Lumbar facet injection

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. X-ray lumbar spine, 04/05/04, 04/21/08
2. Office notes M.D., 09/22/08 thru 07/15/09
3. Operative report, 10/09/08
4. Three view lumbar spine 02/26/09
5. Physical therapy notes from Medical Centers, 05/12/09
6. MRI of the lumbar spine 06/30/09
7. Prior review by M.D., 08/05/09
8. Coventry, 07/21/09 thru 08/06/09
9. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

We begin with medical records that include a lumbar spine x-ray from 04/05/04. This shows a normal lumbar spine x-ray. Additional x-rays are from 04/21/08 which again show a normal survey of the lumbar spine.

On 09/22/08, Dr. M.D. evaluated the claimant. At that time, the employee complained of low back pain. It was noted that this was a follow-up visit. Onset was xx/xx/xx. Mechanism was on-the-job lifting injury. The pain was sharp and stabbing. It radiated to the posterior thigh and left posterior calf. It was a 9/10 and made worse with sitting, standing and bending forward. Physical examination showed there to be no muscle spasm, no kyphosis, and no scars in the lumbar spine. Spinous processes were non-tender throughout. There was no evidence of scoliosis. Lumbar motion was decreased. Straight-leg raise, both sitting and spine, were positive on the left. Lasegue's was positive on the left. Motor examination showed left anterior tibialis strength loss 4/5 and left EHL at 4/5. Reflexes were symmetrical bilaterally. The assessment was sprain and strain lumbar spine and displacement of lumbar intervertebral disc without myelopathy. Surgery was recommended.

On 10/09/08, the claimant underwent a microdiscectomy at L5-S1 left sided. There were no major perioperative complications noted.

Follow-up occurred on 12/01/08 with Dr. At that time, the claimant had improved. He continued to experience radiating left buttocks pain rated 3/10. Examination showed the midline scar to be healing, and straight leg raise test was negative bilaterally. The assessment was lumbar sprain and strain and displacement of intervertebral disc. The plan was to follow-up with an MRI if symptoms persist.

An additional follow-up occurred on 01/05/09. At that time, the claimant's left leg pain had improved, but he continued to experience left buttock pain. The examination was unchanged from the previous period. The plan was to begin physical therapy.

An additional lumbar spine x-ray was taken on 02/26/09 that revealed minimal degenerative changes.

There were physical therapy visits from 05/12/09 from Physical Therapy.

An additional follow-up occurred on 05/22/09 with Dr. At that time, the claimant complained of worsening back and left leg pain since surgery and radiated to the posterior left buttock, posterior left thigh, and knee. Intensity was a 5/10 and was aggravated with sitting. There was spasm, left-sided numbness, and left-sided weakness. Physical examination showed the lumbar scar to be well-healed. There was moderate left paravertebral muscle spasms and decreased flexion. Sitting and straight left leg raise was positive. The assessment was sprain and strain of lumbar spine and displacement of lumbar intervertebral disc which was worsening. The plan was to obtain an additional MRI of the lumbar spine. Activity restrictions included no lifting greater than twenty pounds. Clinically presented with recurrent disc herniation.

An additional follow-up occurred on 06/22/09 with again continued worsening complaints.

On 06/30/09, an MRI of the lumbar spine was obtained. This study revealed postoperative changes posterior to the left at L5-S1 with no recurrent or new disc herniation identified into the region of the ventral and lateral epidural scar formation.

Follow-up occurred on 07/15/09. At that time, the claimant complained of frequent back pain and left leg pain. Distribution was the same as the previous reports. Physical examination showed the midline scar to be well-healed. There was mild spinous process tenderness and diffuse tenderness over the lumbosacral junction. There were paravertebral muscle spasms and decreased range of motion. Straight leg raise testing was positive. The assessment was sprain and strain of lumbar region and displacement of lumbar intervertebral disc without myelopathy. The plan was to recommend facet injections, activity modification, and active release performance wellness.

A prior review was performed on 08/05/09 by Dr. , an orthopedic surgeon. The prior review did not certify the need for lumbar facet blocks.

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

The employee is a male with a history of lumbar disc herniation at L5-S1 status post lumbar microdiscectomy on 10/09/08.

There is persistent lumbar pain with radiation to the left buttock and evidence of ongoing irritation of the nerve roots on that side as evidenced by positive straight leg raise and radicular symptoms.

There has been a request made for lumbar facet diagnostic blocks. The claimant has undergone one physical therapy evaluation according to the records that are submitted today. There were two prior reviews noting failure to meet established criteria for the use of diagnostic and/or therapeutic facet blocks. Current ***Official Disability Guidelines*** as found in the on-line edition, Low Back Pain chapter, do not support the use of diagnostic facet blocks in the setting of radiculopathy. There is clear evidence of radiculopathy found in the medical records today. Based on the current ***Official Disability Guidelines*** concerning the use of facet blocks in the setting of low back pain with radiculopathy, the IRO determination is to deny these services at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. ***Official Disability Guidelines***, Low Back Chapter, Online Version
2. Laxmaiah Manchikanti, MD, Vijay Singh, MD, David Kloth, MD, Curtis W. Slipman, MD, Joseph F. Jasper, MD, Andrea M. Trescot, MD, Kenneth G. Varley, MD, Sairam L. Atluri, MD, Carlos Giron, MD, Mary Jo Curran, MD, Jose Rivera, MD, A. Ghafoor

   Baha, MD, Cyrus E. Bakhit, MD and Merrill W. Reuter, MD. ***American Society of Interventional Pain Physicians Practice Guidelines***. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.