

SENT VIA EMAIL OR FAX ON
Aug/09/2010

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bil L3/4 Facet Joint Injection

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in 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

OD Guidelines
Denial Letters 6/11/10 and 7/7/10
Pain Consultants 1/22/10 thru 6/21/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx. He had back and left lower extremity pain. An MRI was cited, but not provided. It reportedly showed disc degeneration and L3/4 retrolithesis. There reportedly were disc protrusions at L4/5 and L5/S1 with bilateral lateral stenosis and face hypertrophy. The multiple physical examinations reported sensory changes along the L3, L4, L5 and S1 dermatomes from 1/22/10-6/21/10. There was also reduced knee extensor strength and bilateral reduced patella reflexes. He had no lasting relief with multiple ESI and selective nerve root blocks. Further consideration for facet (diagnostic) injections and discography is being considered. The examination showed generalized lower to upper lumbar paraspinal tenderness more on the left. SI pain is also being considered.

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

First, is the consideration of facet pain. The key is that the ODG requires a normal sensory exam. The abnormal sensory exams were routinely described. He had positive left sided SLR. Both normally exclude the presence of facet pain per the ODG criteria. There is facet hypertrophy at L5/S1 and also at the lowest 3 levels. The question then becomes if they encroach on the neural foramen. This is possibly described at L4/5 and L5/S1 as lateral stenosis. The request was for L3/4 facet injections excluding this option.

Further, diagnostic blocks are permitted only for non-radicular pain. The sensory complaints, weakness, SLR and the impression by Dr. is that there is a radiculopathy present as well.

These all do not meet the criteria established by the ODG for the procedure.

The American Pain Society Guidelines, published by Chou in Spine 34: 1066-1071, cited no benefit from facet steroid injections or Medial branch blocks.

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)