

SENT VIA EMAIL OR FAX ON
Jul/28/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Bilateral Facet Injections at the L3/4 levels

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
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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 7/2/10 and 7/9/10
5/19/10 thru 7/13/10
MRI 1/7/09
Dr. 7/5/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xxxx. He has ongoing back pain. Dr. described back pain with local lumbar tenderness and pain in the thigh. She states he had a positive bilateral supine and sitting SLR, no motor or sensory loss, but absent DTRs. Dr.'s diagnosis is an L5/S1 radiculopathy (7/5/10). The MRI showed some facet effusions at L3/4 and L4/5. There is neural foramen narrowing at L4/5. Prior ESIs did not help. Dr. is planning a facet rhizotomy if the blocks work.

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

The first issue is if there is facet pain. The presence of the positive SLR does not meet the criteria. The ODG also does not support facet blocks/MBBB in the presence of a radiculopathy. Dr. provides both the diagnosis of the lumbar (7/5/10) and then refutes the presence of a radiculopathy on (7/13/10) in the letter of reconsideration. . The request for the blocks are at a level above the SLR (sciatic) nerve tension level. The review done by for the APS published in Spine 34:10:1089. 2009 he wrote "There is good or fair evidence...facet joint injection...are not effective. There is insufficient evidence...to reliably evaluate...medial branch blocks...." This argument does not mean the MBB does not work, but only has not

been proven to be effective or ineffective. Therefore, the request is medically necessary.

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)