SENT VIA EMAIL OR FAX ON
Aug/09/2010

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/09/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral Lumbar Facet Injections L4-S1

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 5/18/10 and 6/14/10
Peer Review 4/28/10
Case Summary Report 5/18/10 thru 6/14/10
Dr. 10/5/09 thru 5/21/10
Imaging 12/5/09
MRI 7/21/10
Unknown Doctor 8/19/09
DDE 12/15/08
Neuroscience & Spine 7/3/07 thru 12/3/07
461 pages from 4/13/07 thru 7/27/10

PATIENT CLINICAL HISTORY SUMMARY
This is a woman injured on xx/xx/xx. She developed back pain and leg pain. It improved with a prior series of 2 ESIs in 2007. She has ongoing back pain going down the right leg, but above the knee. Dr. notes that it is in the L4/5 distribution. He describes a positive SLR. The MRI on 12/5/09 showed right-sided L4/5 disc bulge with foraminal stenosis compromising the right L4/5 nerve root. Dr. states there is pain from the disc. He projects performing a bilateral facet injection at L4/5 and L5/S1 for the pain from the facets hypertrophy on the MRI. He noted pain with back extension.

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

Dr. notes several pain generators. One is the disc. Another is a radiculopathy and the last is the facet joints. The ODG does not accept the diagnosis of facet pain in the presence of a radiculopathy. It makes an exception for foraminal encroachment by hypertrophied facet joints. Diagnostic blocks are not to be performed in the presence of radicular pain. Dr. stated there is a radiculopathy also present. The American Pain Society Guidelines published by Chou (Spine, 2009;34:1066-1077) states that there is no benefit from facet joint or medial branch blocks. Therefore, the IRO reviewer's medical assessment is that the request is not medically necessary based upon these criteria.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)