

SENT VIA EMAIL OR FAX ON  
Jul/28/2010

## Independent Resolutions 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 lumbar facet injection at L1/2, L2/3, L3/4, L4/5 under Fluoroscopy

**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 6/29/10 and 6/9/10  
Dr. 2/19/08 thru 7/9/10  
OP Report 4/20/09 and 9/22/08  
Letter from Patient 6/22/10

**PATIENT CLINICAL HISTORY SUMMARY**

'This is a man injured in xx/xx/xx. He reportedly had a disc herniation at L5/S1. He underwent a laminectomy, but I am not clear of the date. He had ongoing back pain. Dr. noted that he had prior right facet injections at L1/2, L2/3, L3/4 and L4/5 in 9/08, 4/09 and 11/09. He had an ESI (L5/S1) for leg pain, although the date is not clear. This helped some of the pain that went to the right foot. Dr. wrote on 7/9/10 that he had "a nerve root block which did help confirm the diagnosis of neuropathic pain as a result of his surgery..."

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

The first issue is whether or not this man has facet pain according to the ODG criteria. The ODG excludes radicular pain patterns from being considered as having facet pain, and he was treated for radicular pain with the nerve block. The request for the facet blocks are for the 4 levels cephalic to the block. Since he had prior MBB, these are to be considered therapeutic blocks. The ODG allows the consideration of intraarticular therapeutic blocks, but for no more than 2 levels. Four were requested. It also excludes areas of stenosis or prior fusions or radiculopathy. The ODG does not approve therapeutic MBB. Further, the

frequency of the previously provided blocks appears to be only a few months. The review done by Chou 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 requested procedures do not meet the ODG criteria for medical necessity.

**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)