



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 08/16/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left L5/S1 facet block

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

The ODG Guidelines have been met for the requested left L5/S1 facet injection.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. Attorney, Letter to the IRO, 8/5/10
3. ODG guidelines
4. Pain Management Center, 3/17/10
5. MD, office notes, 12/7/09-6/22/10
6. MRI, lumbar MRI, 11/23/09
7. MD, office notes, 1/8/10 to 5/21/10
8. MD, designated doctor exam, 6/10/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a back injury on xx/xx/xx. Initially there was prominent pain in the back and leg. More recently the predominant site of pain is the low back. An MRI

scan shows herniations at L4/L5 with foraminal narrowing and a left L5/S1 facet joint effusion. Electrodiagnostic studies performed in April 2010 reveal an acute S1 radiculopathy. The denials have been based on the opinion that a radiculopathy is present and that surgery is indicated.

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

Radiculopathy is present, but the primary site of pain is in the low back. There is pathology noted on MRI scan at the level requested and physical examination evidence that the facet is a pain generator. It is reasonable and meets ODG to perform a left L5/S1 facet injection.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)