



Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 1/26/10

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for outpatient lumbar facet bilateral L4-5 (64475, 77003).

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

Texas licensed orthopedic surgeon.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for outpatient lumbar facet bilateral L4-5 (64475, 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Notice of Utilization Review Findings dated 1/25/10.

- Request for a Review by an Independent Review Organization dated 1/11/10.
- Doctors Report dated 12/18/09, 11/23/09.
- Imaging Report dated 12/8/09.
- Orthopedic Report dated 11/10/09, 9/29/09, 6/29/09, 2/20/09, 12/17/08, 9/5/08.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx

Gender: xxxxx

Date of Injury: xx/xx/xx

Mechanism of Injury: Not provided

Diagnosis: Lumbar disc displacement/ herniated nucleus pulposus (HNP) at L4-5 with L5 radiculopathy.

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

This sustained an injury on xx/xx/xx. The mechanism of injury was not provided. The diagnosis was lumbar disc displacement/ herniated nucleus pulposus (HNP) at L4-5 with L5 radiculopathy. The records, from Dr., noted the claimant's ongoing "axial" back pain. The records from the prior peer reviews were referenced. There were ongoing complaints of low back "axial" pain with infrequent paresthesias into the lower extremities. Painful lumbar motion was noted, as was left-sided diminished L5 sensation and extensor hallucis longus (EHL) motor power, along with a positive straight leg raise. There was no documentation of the injury mechanism or ineffectiveness of other forms of treatments previously provided. Previously, the attending physician (AP) had considered a discectomy and/or fusion. However, a lumbar MRI, dated 12/17/07, revealed multi-level disc pathology and spinal stenosis. An electrodiagnostic, dated 8/22/07, revealed bilateral L5-S1 radiculopathy in addition to a metabolic process associated peripheral neuropathy. A CT-myelogram, from 7/31/07, revealed a disc bulge at L4-5. Facet arthropathy at L4-5, disc protrusion and retrolisthesis were denoted on the 12/8/09 lumbar MRI. There was no clinical evidence of facet-mediated pain, either on examination despite the MRI evidence of facet and other pathology. There was no evidence that the clinical findings (that overwhelmingly support the above radiculopathy diagnosis) correlated with facet mediated pain or imaging-associated facet pathology. A description of other forms of treatment, ineffectiveness or proposed evidenced based activity, aside from injections, had also not been provided. There is no medical necessity for the proposed injections. Per the ODG for facet-mediated pain, "Suggested indicators of pain related to facet joint pathology: Tenderness to palpation in the paravertebral areas (over the facet region); A normal sensory examination; Absence of radicular findings, although pain may radiate below the knee; Normal straight leg raising exam....Criteria for use of therapeutic intra-articular and

medial branch blocks, are as follows: No more than one therapeutic intra-articular block is recommended, There should be no evidence of radicular pain, spinal stenosis, or previous fusion, If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive), No more than 2 joint levels may be blocked at any one time, There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.” Therefore, the previous adverse determination is upheld.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.
 - Official Disability Guidelines (ODG), Treatment Index, 7th Edition (web), 2009, Low back – Facet: Criteria for intra-articular and medial branch blocks.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).