SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.
12001 NORTH CENTRAL EXPRESSWAY
SUITE 800
DALLAS, TEXAS 75243
(214) 750-6110
FAX (214) 750-5825

Notice of Independent Review Decision

DATE OF REVIEW: January 19, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet joint injection w/fluoroscopy x 1@ left L3-L4, L4-L5, L5-S1.

Left SI joint injection w/fluoroscopy x 1

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

DIPLOMATE, AMERICAN BOARD OF ANESTHESIOLOGY
DIPLOMATE, AMERICAN ACADEMY OF PAIN MANAGEMENT

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

Medical records from the Carrier include:

- Medical Group, 08/04/09, 08/07/09, 08/11/09, 08/26/09, 08/31/09, 09/04/09, 09/10/09, 09/17/09, 10/01/09, 10/15/09, 10/20/09, 10/29/09, 11/17/09, 12/01/09, 12/15/09
- Texas Workers' Compensation Work Status Report, 08/04/09, 08/11/09, 08/26/09, 08/31/09, 09/04/09, 09/10/09, 10/01/09, 10/15/09, 10/20/09, 12/15/09
- Diagnostic Imaging Specialists, 09/02/09
- D.O., 10/27/09

Medical records from the URA include:

- Official Disability Guidelines, 2008
- Medical Group, 08/04/09, 08/07/09, 08/11/09, 08/18/09, 08/26/09, 08/31/09, 09/04/09, 09/10/09, 09/17/09, 10/01/09, 10/15/09, 10/20/09, 10/29/09
- Imaging Specialists, 09/02/09
- D.O., 10/27/09
- 10/27/09
- 11/18/09, 12/29/09
- M.D., 11/18/09
- D.O., 12/28/09

Medical records from the Requestor/Provider include:

- Texas Department of Insurance, 01/04/10
- Medical Group, 08/04/09, 08/07/09, 08/11/09, 08/18/09, 08/26/09, 08/31/09, 09/04/09, 09/10/09, 09/17/09, 10/01/09, 10/15/09, 10/20/09, 10/29/09
- Imaging Specialists, 09/02/09
- 10/27/09

PATIENT CLINICAL HISTORY:

The description of services in dispute includes: 1) Lumbar facet joint injection with fluoroscopy times one at the left L3-4, L4-5, and L5-S1 levels. 2) Left sacroiliac joint (SI) injection with fluoroscopy times one. The review outcome: Upheld previous non-authorization.

This is a male who sustained a work-related injury secondary to crawling in a tight space on xx/xx/xx, involving the lumbar spine. The patient is complaining of low back pain with radiation to the left hip/left lower extremity, rated on an average visual analog score of 5 out of 10. Subsequent to the injury, the patient was diagnosed with a lumbar sprain/strain. He was treated conservatively with medication management and physical therapy.

Due to persistence of the patient's symptoms, a lumbar MRI was performed on September 2, 2009, which revealed mild spondylosis throughout the lumbar spine, with mild facet hypertrophy.

The current medication management consists of Celebrex and Nexium (dosage/usage not specified).

The clinical examination from the only history and physical report submitted, dated October 27, 2009, reveals tenderness to palpation over the lower lumbar facet joints bilaterally, mostly on the left, reflexes were 2+ bilaterally, motor and sensory examinations were intact.

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

After a review of the information submitted, the request for three-levels of left-sided lumbar facet joint injections to be performed at the same time with a left sacroiliac joint injection has been denied. The Official Disability Guidelines do not recommend that both procedures be performed at the same time secondary to the inability to differentiate diagnostic relating.

In addition, the request to inject more than two facet joint levels at any one time exceeds the ODG Guidelines recommendations. The ODG Guidelines do not recognize facet blocks to be therapeutic, but only to be diagnostic; specifically if medial branch rhizotomies are being considered, which have not been documented. With regards to the sacroiliac joint injection, the Official Disability Guidelines criteria indicate a history and physical should suggest a diagnosis with documentation of at least three positive exam findings to include specific test for motion, palpation, and pain provocation described for a sacroiliac joint dysfunction.

Finally, from the information submitted, there is no formal plan to put the patient on evidence based conservative care in addition to the requested modalities as recommended by the ODG Guidelines. The guidelines references used are the Official Disability Guidelines, Treatment Index, Online Edition under Lumbar Facet Joint Injections and Sacroiliac Joint Injections.

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

- ☐ **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 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)**