

SENT VIA EMAIL OR FAX ON
Jan/07/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/06/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Block

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 11/9/09 and 11/25/09

Dr. 10/13/09 thru 12/16/09

MRI 9/28/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on xx/xx/xx reportedly lifting 20 pounds. Dr. first saw him on 10/13. He stated the man did not have radicular pain. He found no local tenderness. There was pain on extension and right and left rotation. There was no asymmetrical neurological loss. The prior MRI from 9/28/09 showed mild L3/4 and moderate L4/5 facet arthropathy with a left sided disc bulge and hypertrophic ligamentum flavum contributing to both central and left lateral foraminal stenosis. Dr. wanted to perform an ESI and then facet blocks. He felt that "Even if the injection does not help alleviate the pain, it will give me valuable information. It will tell us that the pain is not originating from the location where the injection was performed."

Subsequent notes by Dr. dropped the request for the ESI, and requested facet injections. The most recent examination on 12/16/09 included comments of continued back pain on extension and rotation. There was now local tenderness at the LS region and the paraspinal regions. The left knee and ankle jerks were "diminished."

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

The first question is whether or not there is facet pain. There is local tenderness found in the December but not the October examination. The complaints or symptoms are of pain without any referral pattern. The ODG notes that the complaints can be varied. The ODG notes that there is a poor outcome when there is pain on extension and rotation, which are this man's findings. Further, radiological findings are of limited value, as noted in the ODG. Dr. initial impression of facet generated pain came from the radiological findings as there was no local tenderness on the initial exam. Of the criteria in the ODG for the diagnosis of facet pain, he has local tenderness in the paraspinal region in the most recent, but not the initial visits. He did not describe the tenderness being towards one side or the other. The ODG requires that "There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks." Dr. wrote that "He states that both physical therapy and massage therapy have help him (sic)." Further, Dr. never stated which levels he wished to inject. I suspect he plans the L3/4 and L4/L5 based upon the radiological reports. Further, the ODG states that "There should be no evidence of radicular pain, spinal stenosis, or previous fusion." This man has spinal stenosis per Dr.. Further, the ODG states "Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial." The sum of these arguments does not support the medical necessity of this procedure at this time.

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)