

SENT VIA EMAIL OR FAX ON
Jan/06/2010

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L5/S1 facet joint steroid injection

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

Board Certified 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

MRI lumbar spine 03/10/00

Office notes Dr. 08/05/04, 06/13/06, 01/26/05, 08/28/07, 05/08/08, 10/28/08, 01/26/09,

Office notes, FNP 09/16/04, 02/22/05, 04/13/05, 06/29/07, 08/20/08

MRI lumbar spine 02/05/09

Office note Dr. 11/18/09, 11/18/09

Peer review 12/01/09, 12/10/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a low back injury on xx/xx/xx. MRI on 03/10/00 showed midline and left paracentral focal disc herniation at L5-S1 with compression of the left L5 and possibly the S1 nerve roots. There was mild central stenosis at that level due to congenitally short pedicles, focal disc herniation, and severe facet and ligamentum flavum hypertrophy. Records indicated that the claimant was treated conservatively with improvement.

On 08/28/07 Dr. saw the claimant for a routine physical exam. The claimant noted low back pain a little bit every day that he works or does heavy chores at home. On 08/20/08 the claimant was seen for a complaint of low back pain that radiated down the back of his leg to just above his knee. On exam he was mildly tender over the left low back. Sitting straight leg raise was negative. The diagnosis was lumbar sprain/strain and muscle spasm. On 10/28/08 the claimant had minimal left sacroiliac joint pain. He was neurologically grossly intact.

MRI of the lumbar spine was done on 02/05/09 and showed a broad based central/left paracentral disc protrusion with left foraminal extension of the L5-S1 segment. There was associated mild facet joint hypertrophy and ligamentum flavum thickening. The findings led

to central canal stenosis and left neural foraminal encroachment resulting in compression/deformation of the thecal sac and compression of the left L5-S1 exiting nerve root.

On 11/18/09 the claimant was evaluated by Dr. for low back pain with radiation into the anterior pelvic area and into the left posterior thigh. He was having more frequent flare ups of back pain. On exam the claimant had slight paraspinal spasm at L5-S1. Sitting root test was productive of left thigh pain. Sensation and strength were normal. Dr. reviewed the MRI stating that it showed nuclear desiccation at L5-S1. On the axial images there was a central protrusion more to the left with compression of the left lateral recess and the associated nerve. The impression was chronic low back pain with radiation to the left thigh, rule out discogenic syndrome, and rule out facet syndrome. Dr. felt that the leg pain was probably from nerve irritation from the herniation. He recommended bilateral L5-S1 facet injections to see if it gave the claimant any relief. The facet injections were denied on peer review.

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

On overview it would appear that the symptoms in this case are at least in part radicular. Given the presence of radicular complaints this claimant would really not satisfy ODG Guidelines for the proposed injections. As such based on the guidelines the injections cannot be deemed medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 Updates. Low back

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)