

# Prime 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/26/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar Facet Injection L5-S1

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

ODG Guidelines

Adverse Determination Letters, 10/29/09, 11/11/09

Orthopedics, 10/15/09, 9/25/09, 10/28/09

MRI Lumbar Spine, 9/3/08

xxxxx, 10/15/09

8/14/09, 9/9/09, 7/27/09

MD, 9/10/09

Performance Medical Center, 7/16/09, 5/14/09, 6/18/09

Daily Treatment Notes, 3/24/09-4/27/09

Dr.MD, 8/12/09

MD, 8/11/09, 5/5/09, 2/2/09

Settlement Agreement and Joint Motion to Cancel Hearing, 12/7/09

### PATIENT CLINICAL HISTORY SUMMARY

The injured worker was noted to have a shoulder injury. This was treated conservatively and ultimately the patient had surgical intervention. As part of the rehabilitation protocol for the shoulder surgery, it was suggested that this aggravated a lower lumbar condition. The carrier contested the inclusion of the lumbar spine as part of this injury. An MRI report dated September 3, 2008 noted a disc protrusion pressing on the anterior aspect of the S-1 nerve root bilaterally and creating a narrowing of the medial aspect of the neural foramen at the L5 level bilaterally. Additionally Dr. noted that this is a xxxx-year-old gentleman who had back pain with numbness and tingling radiating into both lower extremities.

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

The physical examination findings combined with the MRI findings would speak against the use of facet blocks. As noted in the ODG (criteria listed below) there should be no evidence of radicular pain or spinal stenosis. Both of these comorbidities are present. Therefore, the

adverse determination in this case is upheld by the reviewer. The reviewer finds that medical necessity does not exist for Lumbar Facet Injection L5-S1.

Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion
3. 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).
4. No more than 2 joint levels may be blocked at any one time
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

**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)