



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet joint injections, L3/L4, L4/L5 and L5/S1

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spinal problems

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. TDI referral forms
3. Denial letters, 02/22/10 and 03/29/10
4. Fax cover, 05/07/10
5. Clinical medical records, M.D., thirteen entries between 05/03/07 and 04/08/10
6. Operative report, 05/02/09
7. Bilateral lumbar hardware blocks
8. Discharge summary, hospitalization 02/14/01 through 02/19/01, diagnosis herniated nucleus pulposus L4/L5 and L5/S1 with spinal decompression instrumentation
9. Operative report, lumbar laminectomy, L4/L5 and L5/S1, discectomy, posterior lumbar interbody fusion, L4 through S1, and segmental instrumentation, posterior fusion L4/L5 and L5/S1
10. MRI scan of lumbar spines, 04/17/00
11. EMG/nerve conduction study, 05/12/00
12. Operative report, 05/30/00, lumbar epidural steroid injections
13. Operative report, discogram, L4/L5 and L5/S1, 11/01/00

14. CT scan post discogram, fluoroscopy images, 05/12/03

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The patient is a female with a long history of low back pain. Her date of injury is xx/xx/xx. The mechanism of injury is not provided in this medical record. She has had low back pain and lumbar muscle spasm. She has had multiple treatment regimens including medication, spinal cord stimulator implant, activity modifications, and 360-degree fusion from L4 through S1. She has had multiple injection therapy treatments including epidural steroid injections, prior facet joint injections, and hardware block. On each occasion she has had transient relief of symptoms only to suffer the recurrence of chronic back pain. A recent request to perform repeat lumbar facet joint injections from L4 through S1 has been considered and denied, reconsidered and denied.

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

Lumbar facet joint injections are not recommended in the zone of a lumbar fusion that has been successful. This patient's lumbar facet joint injections would be within a zone of a fusion and would be unnecessary. Furthermore, prior facet joint injections produced only 50% pain relief lasting only several months. The ODG 2010 Low Back Chapter does not recommend repeated lumbar facet joint injections.

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

(Check any of the following that were used in the course of your review.)

- 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)