



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral lumbar facet injections medial branch block L4-L5.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

The ODG criteria have been met and establish the necessity for the requested diagnostic lumbar facet injections.

**INFORMATION PROVIDED FOR REVIEW:**

1. Preauthorization and denial information
2. Records from Dr. xxxxx and Dr. xxxxx
3. MRI, xxxxx, 2/19/10

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a lifting injury on 02/04/10 and has axial low back pain. Medications, physical therapy, and chiropractic care have been utilized. EMG studies have been unremarkable. MRI scan shows degenerative facet changes. There is physical examination evidence to support a diagnosis of facet arthropathy.

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

The ODG criteria for bilateral L4 and L5 lumbar facet injections have been met. There is axial pain, no evidence of radiculopathy, physical examination evidence suggesting facet dysfunction, and failure of conservative measures including physical therapy and chiropractic care.

**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.
- 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.)