

I-Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet Injection

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

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

Adverse Determination Letters, 4/7/10, 4/20/10
Anesthesia & Pain Services 10/8/09, 10/30/09, 3/25/10, 1/23/10, 11/21/09, 4/13/10
Open MRI 10/8/09
M.D. 10/23/09
Independent Review 12/8/09
ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY

On xx/xx/xx the patient complained of low back, right knee, and right ankle pain. An MRI from xx/xx/xx shows a "2-3 mm disc protrusion/herniation (at L4-5 that) presses on the thecal sac and narrows the neural foramen bilaterally contacting the nerve root in the neural foramen on each side" and a "posterior 3-4 mm disc protrusion/herniation (at L5-S1 that) presses on the thecal sac at the midline." An EMG performed on 10/23/09 is significant for moderate acute S1 and L5 radiculopathy. The patient is status post 2 lumbar ESI's. On 3/25/10, it is reported that the patient "noted that (the ESI) helped moderately." The patient continues to have pain in "the low back/buttock region radiating from his low back towards his hips down to the back of his legs. The physical exam is significant for a positive SLR (the side of the test is not specified). No tenderness to palpation over the facet joints is noted. There are no neurological exam results at the time the facet joint injection was ordered. Per a Letter of Medical Necessity, dated 4/13/10, the request is for bilateral L3-4, L4-5, and L5-S1 facet injections.

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

Per the ODG, "No more than 2 joint levels may be blocked at any one time." This request is for 3 levels on two sides. In addition to this, it is unclear per the physical exam what the

appropriate levels would be based on any tenderness to palpation over the lumbar spine (not documented). Also, the ODG states that the patient should have a “normal straight leg raising exam.” This patient has a positive straight leg raise and signs of acute radiculopathy on EMG. The ODG is clear there should be an “absence of radicular findings.” The reviewer finds that medical necessity does not exist for lumbar facet injection.

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)