

SENT VIA EMAIL OR FAX ON  
May/10/2010

## Applied Resolutions LLC

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

May/10/2010

**IRO CASE #:**

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

Facet Block Injections

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

Board Certified Neurosurgeon with additional training in pediatric neurosurgery

**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

Denial Letters 3/5/10 and 4/5/10

Back & Neck 10/22/07 thru 3/22/10

Hospital 12/12/07

MRIs 11/10/08, 5/10/07, 9/29/08

Radiology Report 12/17/07

OP Reports 6/30/09, 3/12/09, 12/17/07

Ortho Surgeons 12/20/06

Peer Review 2/17/09

Claims Admin 4/23/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a date of injury xx/xx/xx when he slipped and fell. He is status post L5-S1 hemilaminectomy on 12/17/2007. He complains of back pain that is worse in extension and rotation. He only occasionally has lower extremity radicular symptoms. His neurological examination reveals a mildly positive left straight leg raising and an absent left Achilles reflex. An MRI of the lumbar spine 11/10/2008 shows post-surgical changes at L5-S1; there is mild-to-moderate canal stenosis at L4-L5. There is mild ligamentum hypertrophy

at L2-L3 and L3-L4. He underwent an epidural steroid injection on 03/12/2009. On 06/30/2009 he underwent facet blocks bilaterally from L4 to S1. He had no more than 5% relief from symptoms from this.

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

The requested facet injections are not medically necessary. The claimant already underwent facet injections on 06/30/2009 that were not successful. According to the ODG, a successful facet block "is required with a response of  $\geq 70\%$ ". Since the prior facet blocks were unsuccessful, the medical necessity of repeat lumbar blocks is not established.

**References/Guidelines**

2010 *Official Disability Guidelines*, 15th edition

**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)