

SENT VIA EMAIL OR FAX ON
Sep/15/2010

IRO Express Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/15/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet Block Injection L3/4

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

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

OD Guidelines

Dr. office notes and operative reports, 08/22/02, 07/30/04, 08/23/04, 09/20/04, 11/19/04, 01/17/05, 03/18/05, 04/18/05, 05/18/05, 06/15/05, 07/29/05, 10/03/05, 10/11/05, 10/31/05, 01/30/06, 04/14/06, 07/17/06, 11/06/06, 02/28/07, 05/21/07, 06/20/07, 09/19/07, 01/04/08, 01/29/08, 02/13/08, 06/04/08, 09/05/08, 02/02/09, 02/24/09, 03/02/09, 06/05/09/09/04/09, 10/12/09, 01/15/10, 03/03/10, 05/03/10, 05/26/10, 07/19/10, 08/16/10

MRI lumbar spine reports 09/02/05, 01/12/09, 04/06/10, 11/11/98, 11/09/99

10/02/08, 12/04/01 CT lumbar spine reports

Peer review 07/30/10, 08/26/10, 02/24/09

Letter from attorney 09/03/10

PATIENT CLINICAL HISTORY SUMMARY

This is a male with complaints of lumbar pain, lower extremity radicular symptoms associated with hyperesthesias posteriorly and pain to the anterior thighs to his knees. The claimant was status post August 2002 posterior lumbar interbody fusion L4-S1 and discectomy L3-4. The MRI of the lumbar spine, dated 04/06/10, revealed L4-S1 laminectomy with rod and pedicle screw fixation with adequate capacity of the canal and foramina. At L3-4 there were multifactorial changes producing moderately severe canal stenosis. The body of the report documented L2-3 facet arthrosis, L3-4 facet arthrosis and ligamentum flavum hypertrophy with disc bulging and enhancing annular tear, which was contributing to moderately severe canal stenosis with mild impingement on the neural foramina. Pedicle screws were in good position at L4-S1. Dr. has treated the claimant from 2002 with medication, 07/30/04 bilateral L3-4 facet block for no improvement, L2-3 epidural steroid injection for good relief of symptoms for two days, 01/29/08 right L3-4 epidural steroid injection for 80 percent of the right leg and back pain, and 05/13/10 right L3-4 transforaminal epidural steroid injection and right L4 selective nerve root block for greater than 75 percent of the right leg pain. Dr. evaluated the claimant on 08/16/10. Lumbar pain was exacerbated on rotation, flexion and lateral tilt. There were hyperesthesias along the right lateral thigh with weakness of the right extensor hallucis longus and anterior tibialis of 3/5. Straight leg raise was negative. Diagnosis

was lumbago, lumbar radiculopathy, and lumbar spinal canal stenosis.

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

The proposed facet block injection L3-4 would not be considered medically necessary and appropriate based upon review of the records provided in this case.

The patient has had L3-4 facet blocks performed in the past, which provided no improvement. The claimant has radicular symptoms of weakness and hyperesthesias.

If one looks towards the ODG guidelines, diagnostic blocks for facet-mediated pain is limited to patients with low back pain that is non-radicular in nature. In this case, there is clearly a radicular component to the patient's pain; therefore per the ODG guidelines the requested L3-4 facet block injections are not medically necessary.

Official Disability Guidelines Treatment in Workers' Comp 2010 updates, chapter low back, facet joint signs and symptoms, and facet joint injections

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)