

SENT VIA EMAIL OR FAX ON
Aug/19/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Lumbar Facet Injection under Fluoro L4/5 L5/S1 using 64493 64494 77003

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

Board Certified PMR

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

1. Cover sheet and working documents
2. Request for IRO 08/01/11
3. Utilization review determination 06/16/11
4. Utilization review determination 07/15/11
5. MRI lumbar spine without contrast 06/20/11
6. Initial visit and follow up notes DO 06/22/10 through 07/25/11
7. Physical performance/Functional capacity evaluation 07/12/10
8. Lab report 07/19/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped on the floor in the kitchen of the xx resulting in an L4-5 herniated disc. Initial visit dated 06/22/10 indicates that the patient has been taking chronically and regularly Tylenol or Aleve for pain. Over the last four months the pain has gotten worse. The patient reports that she had

injections in her lumbar spine in the remote past (in 1995, 2003 and 2004), but she does not remember having anything done since then. The patient subsequently underwent a functional capacity evaluation and was referred for a course of physical therapy. Follow up note dated 01/03/11 indicates that the patient continues to complain of right hip pain. The only injection the patient has received is a right hip arthrocentesis on 11/02/10. MRI of the lumbar spine dated 06/20/11 revealed small facet joint effusions at L2-3 and L3-4 and larger effusions at L4-5 indicative of acute facet joint irritation and lumbar facet syndrome. At L4-5 there is grade I anterolisthesis and a broad 2 mm disc protrusion with a 3 mm right posterolateral component causing moderate central canal stenosis and mild bilateral neural foraminal narrowing, right greater than left. At L5-S1 there is a broad 3 mm disc protrusion with a 4 mm left paracentral component, moderate central canal stenosis, and moderate bilateral neural foraminal narrowing. The left S1 nerve root demonstrates impingement and posterior displacement. Physical examination on 06/27/11 notes palpable tenderness over the facets with corresponding paresthesias of the left S1 nerve root. There is marked paravertebral muscle tightness at L1 to L5 bilaterally with left S1 nerve root irritation representing with some paresthesias.

The initial request for lumbar facet injection was non-certified on 06/16/11 noting that there is no clear documentation of pain that is non-radicular and failure of conservative treatment including home exercise and NSAIDs prior to the procedure for at least 4-6 weeks. The denial was upheld on appeal dated 07/15/11 noting that no updated therapy reports were that objectively document the clinical and functional response of the patient from the completed sessions were submitted for review. There is also no documentation that the patient has a confirmed facetogenic pain mechanism considering the MRI imaging and leg complaints likely indicating a radiculopathy.

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

Based on the clinical information provided, the request for left lumbar facet injection under fluoro L4-5 L5-S1 using 64493 64494 77003 is not recommended as medically necessary, and the two previous denials are upheld. The patient reports undergoing previous injections; however, the nature of these injections and the patient's objective, functional response thereto are not documented. The patient's MRI findings and physical examination findings likely indicate the presence of radiculopathy. The patient has been recommended for EMG/NCV which has not been approved to date. The Official Disability Guidelines do not support facet injections for patients with radicular pain. Given the current clinical data, the requested injection is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES