

SENT VIA EMAIL OR FAX ON  
Dec/13/2011

## Pure Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Dec/13/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Left Lumbar Facet Block at L4-L5, L5-S1 under monitored anesthesia

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

**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  
Cover sheet and working documents  
Utilization review determination dated 10/25/11, 11/03/11  
Letter dated 12/02/11  
MRI lumbar spine dated 12/15/10  
Handwritten note dated 09/10/10, 09/17/10, 09/24/10, 10/18/10, 12/08/10, 12/20/10, 10/18/11  
Procedure report dated 09/02/11  
Patient contact sheet dated 10/31/11  
Neurological evaluation dated 01/13/11, 02/11/11  
Office visit note dated 04/20/11, 06/17/11  
Initial evaluation dated 08/22/11  
Intraoperative anesthesia record dated 09/02/11  
Follow up note dated 10/18/11  
Peer review dated 05/19/11  
Appeal reconsideration for denied procedure dated 10/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the patient slipped and fell in mud and injured his lower back. MRI of the lumbar spine dated 12/15/10 revealed 1.4 mm spondylolisthesis of L5 on S1 caused by bilateral L5 spondylolysis/pars interarticularis defect; mild to moderate degenerative disc disease at L3-4 through L5-S1 levels; no disc herniation at any level; clinically significant left neural foraminal stenosis at L5-S1 level. EMG/NCV dated 02/11/11 is normal with the exception of evidence of acute denervation in the L5-S1 innervated muscles. Peer review dated 05/19/11 indicates that the extent of injury is a lumbosacral sprain/strain. He also appears to have exacerbated or irritated a pre-existing condition of spondylolisthesis with lateral stenosis resulting in persistent radicular symptoms in the left. The patient was recommended to undergo one or two epidural steroid injections. The patient underwent a course of physical therapy in June which he states did not improve his condition. The patient underwent lumbar epidural steroid injection on 09/02/11 and reported 80% pain relief on 10/18/11. Physical examination on this date notes normal gait and station. There is tenderness to palpation bilaterally L3 through L5. Lumbar range of motion is decreased with flexion and extension.

Initial request for lumbar facet block was non-certified on 10/25/11 noting that the patient was diagnosed with lumbar radiculitis. Suggested indicators of pain related to facet joint pathology include absence of radicular findings. MRI revealed the patient has a left neural foraminal stenosis at L5 and S1. The criteria for the use of facet injection was not fulfilled. The active treatment program in conjunction with the injections was not mentioned. The denial was upheld on appeal dated 11/03/11 noting that the recent medical report failed to provide a detailed physical examination with a complete motor and sensory examination. The active treatment program in conjunction with the facet injections was not mentioned. The medical reports submitted did not provide any documented evidence of failure to respond to recommended conservative treatments such as oral pharmacotherapy and physical medicine.

**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 block at L4-5, L5-S1 under monitored anesthesia is not recommended as medically necessary, and the two previous denials are upheld. The patient presents with a diagnosis of radiculopathy and has undergone a successful epidural steroid injection. The Official Disability Guidelines support facet blocks for patients with low back pain that is non-radicular in nature. There is no current, detailed physical examination submitted for review to establish the presence of facet-mediated pain. Given the current clinical data, the requested left lumbar facet block at L4-5 and L5-S1 under monitored anesthesia is not indicated as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**