

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 01/31/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OF CT), LUMBAR OR SACRAL; SINGLE LEVEL

DATES OF SERVICE FROM 12/30/2010 TO 12/30/2010

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

Texas Board Certified Anesthesiologist
Pain Medicine Fellowship

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 05/10/10 - Clinical Note - M.D.
2. 05/10/10 - Laboratory Results
3. 06/09/10 - Clinical Note - M.D.
4. 06/29/10 - Operative Report
5. 07/08/10 - Clinical Note - M.D.
6. 08/05/10 - Clinical Note - M.D.
7. 08/17/10 - Operative Report
8. 09/02/10 - Clinical Note - M.D.

9. 09/30/10 - Clinical Note - M.D.
10. 11/29/10 - Clinical Note - M.D.
11. 12/27/10 - Peer Review Report
12. 12/28/10 - Utilization Review
13. 01/04/11 - Peer Review Report
14. 01/06/11 - Utilization Review
15. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he fell on some asphalt, causing injury to the left knee and hip.

The employee saw Dr. on 06/09/10. The employee rated his pain at 5 out of 10 with medication and 10 out of 10 without medication. The pain worsened with movement, standing, and prolonged sitting. The employee denied bowel or bladder dysfunction. Current medications included Norco, Etodolac, and Ryzolt. Physical examination revealed left sacroiliac joint tenderness to palpation. There was left L4-L5 paraspinal tenderness. Left knee extension and flexion were markedly decreased secondary to pain. Left shoulder abduction was decreased to pain. Straight leg raise was negative. The employee was assessed with low back pain, lumbar spondylosis, left sacroiliitis, left hip pain, left knee pain, and chronic pain syndrome. The employee was recommended for sacroiliac joint injection and lumbar facet injections.

The employee underwent a left sacroiliac joint injection on 06/29/10.

The employee underwent left L3-L4, L4-L5, and L5-S1 lumbar facet injections on 08/17/10.

The employee was seen for follow-up on 09/02/10. The employee reported 50% improvement from the lumbar facet injections. Physical examination revealed left sacroiliac joint tenderness to palpation. There was left L4-L5 paraspinal tenderness. There was markedly decreased left knee extension and flexion secondary to pain. There was decreased shoulder abduction due to pain. Sensation was intact to light touch and pin prick. The employee was assessed with low back pain, lumbar spondylosis, left sacroiliitis, left hip pain, left knee pain, and chronic pain syndrome. The employee was prescribed Norco 10/325mg, Ryzolt, and Etodolac.

The employee saw Dr. on 11/29/10. The employee had complaints of left hip and left leg pain. The clinical note stated the employee had completed a partial program of hydrotherapy with some success, and he had been recommended for additional therapy. The employee rated his pain at 7 out of 10 on medications and 10 out of 10 without medications. Physical examination revealed weakness of the left lower extremity at the hip and knee. There was palpable tenderness through the hip and knee. There was mild fusiform swelling around the knee. There was no redness noted. The employee was assessed with left hip trauma, left knee trauma, chronic pain, and high risk medications. The employee's medications were refilled.

The request for injections, diagnostic or therapeutic agent, paravertebral facet (Zygapophyseal) Joint (or nerve innervating that joint) with image guidance (fluoroscopy or CT) lumbar or sacral: single level was denied by utilization review on 12/28/10 due to lack of significant positive objective orthopedic/neurological findings to support the request.

The request for injections, diagnostic or therapeutic agent, paravertebral facet (Zygapophyseal) Joint (or nerve innervating that joint) with image guidance (fluoroscopy or CT) lumbar or sacral: single level is denied by utilization review on 01/06/11 due to no medical records provided to indicate the reason for the request outside of a correspondence message. There were no recent clinical notes reflecting a physical exam.

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

The request was denied on 12/28/10 due to lack of significant positive objective orthopedic/neurological findings to support the request. The request was denied by utilization review on 01/06/11 due to no medical records provided to indicate the reason for the request outside of a correspondence message. The employee has continued complaints of left hip and left leg pain; however, there is a lack of significant objective orthopedic evidence to support facet mediation pain. Also, while the documentation states the employee has completed a partial course of hydrotherapy with success, there is insufficient documentation demonstrating how long the employee attempted conservative care and what his response was.

As it is unclear from the clinical documentation if the employee has exhausted the recommended conservative care and there is a lack of objective evidence supporting facet mediation pain, the requested facet joint injections for the lumbar spine are not indicated as medically necessary.

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

Official Disability Guidelines, Online Version, Low Back Chapter