

Core 400 LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/17/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral Facet Injections at L4-S1 (64493 64494) (PNR 72275 99144)

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

10/21/10, 11/11/10

10/13/10

Pain Management 10/13/10

Emergency Center 9/8/10 to 9/20/10

5/5/10

M.D. 7/21/10

Hospital 2/26/10 to 3/16/10

Official Disability Guidelines

PATIENT CLINICAL HISTORY SUMMARY

Per the 10/13/10 OV note, this patient has a history of "low back pain with radiation of pain into the hip and the thigh." There is no dermatomal pattern noted. Dr. states that the pain is "primarily in the lumbar spine with lower extremity radiculopathy left greater than right." With palpation, it is noted that the patient has pain over the lumbar spine that radiates into the bilateral lower extremities. The patient is also noted to have a positive straight leg raise on the left. The patient received an ESI. On 3/9/10, it was reported that the patient received 50% relief. There was no time period of relief mentioned.

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

Per the ODG, facet joint injections are "limited to patients with low-back pain that is non-

radicular.” Given that the patient complains of radicular symptoms and has objective findings of radiculopathy on physical exam (positive straight leg raise), facet joint injections would not be indicated. The reviewer finds that there is no medical necessity for Outpatient Bilateral Facet Injections at L4-S1 (64493 64494) (PNR 72275 99144).

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)