

SENT VIA EMAIL OR FAX ON
Dec/17/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5 facet injection

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: 08/20/10, 09/30/10, 10/22/10, 11/22/10

Physical therapy: 09/10/10 -09/20/10: 5 visits

MRI Lumbar spine: 10/15/10:

Peer Review: 11/16/10, 11/23/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx. The claimant was pulling a tow bar from a maintenance stand when the bar broke loose causing the claimant to fall backwards and land on the ground on his buttocks. He immediately had low back pain. When the claimant saw Dr. on 08/20/10 he complained of constant low back pain that radiated down both lower extremities with numbness and tingling in his feet bilaterally and intense muscle spasms in his low back. On examination the claimant's patellar and Achilles reflexes were blunted bilaterally. He had mild paresthesias in both feet and shins, but his motor strength was intact. The claimant had severe tenderness in his left

lower lumbar region and decreased range of motion in all directions with pain. His straight leg raises elicited back pain only. The claimant was diagnosed with a lumbar strain and Dr. recommended physical therapy, Mobic, tizanidine for muscle spasms and Lorcet for pain. The claimant had 5 sessions of physical therapy without relief of his pain. An MRI of his lumbar spine on 10/15/10 revealed moderate spondylosis and mild annular disc bulging at L4-5 that mildly encroached on the neural foramina bilaterally. No canal stenosis at L4-5 was seen. There was no significant canal or foraminal stenoses seen at L1-2, L2-3, L3-4 or L5-S1. There were central disc osteophyte complexes at L2-3 and L4-5, which projected towards the retro perineum. The claimant was still complaining of low back pain with an unchanged examination when he saw Dr. on 10/22/10. Dr. recommended a facet injection for the lumbar spine. This was noncertified in a peer review on 11/16/10 as there was no indication of a clear-cut objective facet mediated pain component occurring in the claimant's low back. When the claimant saw Dr. on 11/22/10, he rated his low back pain as 6/10. He reported that the pain was constant and he had discomfort with side-to-side movement, soreness and stiffness. Dr. noted that the claimant's reflexes were barely elicited in his lower extremities. Dr. again recommended facet injections. A peer review dated 11/23/10 noncertified the L4-5 facet injection as there was no documentation that demonstrated radiculopathy on examination with corroboration on imaging studies and facet mediated pain was not demonstrated.

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

The proposed L4-5 facet injection would not be considered medically necessary and appropriate based on the records provided in this case. If one looks to the ODG Guidelines for facet joint injections suggested indicators of pain related to facet joint pathology should be present with:

1. Tenderness to palpation of the paravertebral area over the facet region, in this case there does appear to be left sided para lumbar tenderness present on examination.
2. A normal sensory examination should be present in this case; there is documentation of paresthesias on examination, in the claimant's bilateral feet and shins.
3. There should be an absence of radicular findings. In this case the claimant has an intact motor examination, is hypo reflexive throughout his bilateral extremities and there is concern over paresthesias in both feet and shins. The MRI in this case does demonstrate evidence of neural foraminal encroachment at the L4/5 level from a degenerative osteophyte complex.
4. There should be a normal straight leg raise examination; in this case the straight leg raise examination elicits back pain. As there is concern over radicular findings, facet joint injections L4/5 cannot be considered medically necessary and appropriate in this case based on the ODG Guidelines.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back: Lumbar 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)