



## Medwork Independent Review

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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**01/25/2011**

**DATE OF REVIEW: 01/25/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar facet joint block injections L4-5, L5-S1

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 01/05/2011
2. Notice of assignment to URA 01/05/2011,
3. Confirmation of Receipt of a Request for a Review by an IRO 01/04/2011
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 01/03/2011
6. Summary 01/07/2011, Adverse Determination Letter 12/22/2010, 12/06/2010, history 12/13/2010, 11/24/2010, 10/15/2010, 09/10/2010, 10/15/2010, 09/30/2010, Surgery information 09/30/2010, notice 09/23/2010, 08/13/2010, medicals 08/31/2010, 08/16/2010, Workers' Compensation Report 10/15/2010, Employers' Report xx/xx/xx.
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY:**

Patient has injury date of xx/xx/xx. Patient has low back pain that is 8 on a scale of 0-10. On physical exam there is tenderness in the low back with increased pain on extension and rotation. Patient has a negative straight leg raise and negative Patrick signs bilaterally. Patient has had treatment with medications and epidural steroid injections. Review request is for lumbar facet joint block injections L4-5, L5-S1.



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

Referring to the Official Disability Guidelines' chapter on low back pain under facet injections, it states that these are limited to patients that have nonradicular pain. The review records indicate that patient does not have radiating pain. Patient meets the criteria for facet syndrome, as the patient has positive facet loading with pain on extension and rotation. The review records are in support of the ODG recommendations for the requested lumbar facet joint block injections L4-5, L5-S1; therefore, the insurer's decision to deny is overturned.

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

- ACOEM- AMERICAN 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)