

SENT VIA EMAIL OR FAX ON
Jan/04/2011

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/04/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Lumbar Facet Injection @ L4-S1

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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; Denial Letters 11/23/10 and 12/6/10; Dr. 4/12/10 thru 11/23/10; Neurosurgical Associates 12/15/09 thru 8/9/10; MRI 11/13/09; Dr. 1/5/10; PT Today 1/7/10 thru 2/4/10; Care Center 12/16/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured in a fall on xx/xx/xx. He continues to have back pain going to the right buttock and upper thigh. The MRI on 11/13/09 showed multiple level disc protrusion with an extruded L5/S1 fragment on the right S1 root and possibly the L4 or L5 roots (report was hard to decipher. He was improving with physical therapy/. The examination described hyperactive reflexes and tenderness over the spinous and paraspinous regions. The pain worsened with twisting and extension. He has a positive SLR at 30 degrees. The EMG (1/5/10) did not show any radiculopathy.

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

First is the diagnosis of facet pain. He may or may not have the paravertebral tenderness

over the facet region. Presumably he does. He has a positive SLR per the examination, but the IRO reviewer cannot be sure that this is giving pain down the leg in a sciatic distribution, or is limited to the low back. The facet injection is justified if a possible neurotomy is being considered. That was not mentioned in Dr. notes. In fact Dr. wrote on (11/2/10 and 11/23/10) "that we proceed with facet injections as is the treatment of choice..." This sounds as if the facet injection is to be the treatment of choice and not a predictor for the facet rhizotomy. Dr. apparently knew of this reason for the prior adverse determination, but had not commented further. Without this clarification, the request is not medically necessary.

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)