

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 01/25/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: APPEALED TREATMENT SERVICE REQUEST: INJECTIONS, DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING THAT JOINT) WITH IMAGE GUIDANCE (FLUOROSCOPY OR CT), LUMBAR OR SACRAL, SINGLE LEVEL, RECONSIDERATION REQUEST RECENT DATE 12/21/2019

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

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. 01/24/07 - Radiographs Lumbar Spine
2. 02/22/07 - MRI Lumbar Spine
3. 03/08/07 - CT Lumbar Spine
4. 03/14/08 - Operative Report
5. 09/21/08 - Clinical note - D.C.
6. 10/14/08 - Clinical Note - D.C.
7. 10/24/08 - Operative Report
8. 11/05/08 - Clinical Note - D.C.
9. 11/19/08 - Clinical Note - D.C.
10. 12/11/08 - Clinical Note - M.D.

11. 12/26/08 - Operative Report
12. 01/09/09 - Clinical Note - D.C.
13. 08/28/09 - Clinical Note - D.C.
14. 02/22/10 - Clinical Note - M.D.
15. 03/09/10 - Operative Report
16. 03/22/10 - Clinical Note - M.D.
17. 05/17/10 - Clinical Note - M.D.
18. 06/07/10 - Clinical Note - M.D.
19. 09/20/10 - Clinical Note - M.D.
20. 12/09/10 - Clinical Note - M.D.
21. 12/16/10 - Utilization Review
22. 12/27/10 - Utilization Review
23. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he lifted a that weighed about 100 to 150 pounds and felt a pop in the low back. It should be noted a majority of the clinical notes provided for review are difficult to interpret due to poor copy quality.

Radiographs of the lumbar spine performed demonstrated previous lumbar surgery with metallic cages at L5-S1. There was no evidence of acute fracture or subluxation.

An MRI of the lumbar spine performed 02/22/07 demonstrated a probable atypical hemangioma at the L2 vertebral body. There was mild right lateral recess narrowing from a small disc protrusion at L3-L4. There was moderate foraminal narrowing at L4-L5. There was a superimposed 0.5 cm foraminal protrusion on the left which did narrow the lateral recess with impingement of the left L5 nerve root.

A CT of the lumbar spine performed 03/08/07 demonstrated a focus of abnormal signal intensity noted on MRI corresponded to a region of poorly defined bony sclerosis which could not be confirmed to be a hemangioma. This may be related to reactive changes related to the small adjacent Schmorl's node. A bone scan was recommended to further evaluate the lesion.

The employee underwent bilateral L3, L4, and L5 medial branch blocks on 03/14/08.

The employee underwent left sacroiliac joint injection on 10/24/08 and 12/26/08.

The employee was seen for follow-up on 01/09/09. The employee complained of low back pain rating 6 out of 10. The employee reported 90% to 95% relief from the 10/24/08 injection and 80% to 85% pain relief from the 12/26/08 injection, but this had slowly returned. There were no sensory deficits or hyperreflexia. There was tenderness noted from L4 to S1 and the left sacroiliac joint. Faber test was positive on the left. The employee was recommended for evaluation for possible rhizotomy of the left sacroiliac joint.

The employee saw Dr. on 08/28/09. The employee complained of a flare-up of back pain. Physical examination revealed no weakness in the lower extremities with intact peripheral pulses. The employee was assessed with low back pain flare-up. The employee was prescribed Lodine 400 mg and Ultracet.

The employee saw Dr. on 05/17/10. The employee rated his pain at 9 out of 10. Physical examination revealed tenderness to palpation of the left sacroiliac area. Faber's and Yeoman's were positive on the left. The employee was prescribed Ultram ER 200 mg. The employee was referred for evaluation of possible left sacroiliac joint rhizotomy.

The employee saw Dr. on 06/07/10. The employee complained of left sided low back pain with radiation down the posterior aspect of the leg. The employee stated he usually gets around three to six weeks worth of relief following the sacroiliac joint injections. The employee now rated his pain at 5 to 9 out of 10. Physical examination revealed the employee was able to ambulate without difficulty. Forward bending aggravated his symptoms. There was good sensation of the lower extremities, though the employee reported weakness. Straight leg raise was negative for production of lower extremity symptoms or back pain. Faber's test was positive on the left side. The employee was assessed with sacroiliitis. The employee was recommended for L5, S1, S2, and S3 rhizotomy. The employee underwent left sacroiliac joint block on 03/09/10.

The employee saw Dr. on 12/09/10. The employee complained of low back pain. The employee stated going backwards worsened his pain more than going forwards. The employee rated his pain at 5 out of 10. Physical examination revealed pain with lumbar extension with facet loading. Faber test was mildly positive on the left. Hip range of motion was full. There was full strength and sensation of the lower extremities. The employee was assessed with status post L5-S1 fusion with transitional level pain, previously improved with a left sacroiliac joint block, now with centralized low back pain, worse with extension consistent with possible adjacent level L4-L5 facet dysfunction. The employee was recommended for bilateral L4-L5 facet joint blocks for diagnostic value.

The request for Injections diagnostic or therapeutic agent, paravertebral facet (sygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT) lumbar or sacral; single level was denied by utilization review on 12/16/10 as the employee had a prior medial branch block in 2008. Therefore, a repeat medial branch block would not be supported as medically necessary at this time.

The request for Injections diagnostic or therapeutic agent, paravertebral facet (sygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT) lumbar or sacral; single level was denied by utilization review on 12/27/10 due to lack of documentation to support the effectiveness of previous lumbar facet or medial

branch injections by decrease in pain scores greater than 50% for two months along with an increase in activity or increase in function, increase in sleep, return to some form of vocation, or decrease in medical visit or some other quantitative assessment along with a decrease in pain. There was no documentation to support a repeat facet injection.

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

The employee does have objective evidence consistent with facet mediated pain. However, the employee has undergone prior facet joint injections at L4-L5 in 2008 that resulted in no significant pain relief. The employee's pre-injection pain level was 3/10 and post-injection pain level was 2/10. Given the lack of employee response to prior injections, repeat injections would not be warranted. Additionally, there was no documentation of any recent conservative therapy, to include physical therapy or medication management. There was also no indication in the clinical notes that the employee will continue with a rehabilitation program after the injections are performed.

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