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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral Lumbar Facets at L4-S1

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines – Treatment for Workers' Compensation

Clinic notes Dr. 03/22/11-05/05/11

Operative report lumbar epidural steroid injection and epidurogram 02/22/11

MRI lumbar spine 09/09/10

Referral form 01/26/11 Dr. regarding EMG/NCS bilateral lower extremities

Authorization / release 12/22/10

Patient / insurance detail information

Office / clinic notes Dr. 08/19/10-12/22/10

Physical therapy progress notes 10/26/10-11/17/10

Utilization review notification of adverse determination 05/05/11 regarding non-certification bilateral lumbar facets at L4-S1 outpatient

Notification of reconsideration determination 05/23/11 regarding non-certification bilateral lumbar facets at L4-S1

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX year-old male whose date of injury is XX/XX/XX. He was installing a pipe and leaning at awkward angle to lift the pipe when he felt pain. MRI of lumbar spine on 09/09/10 revealed moderate to severe lumbar spondylosis and disc disease with result of spinal canal stenosis at L3-4 and L4-5. There is a 3 mm right paracentral disc bulge resulting in moderate to severe narrowing of the right neural foramen at L5-S1. The patient complained of right lower back pain and right buttock pain, which extends to the knee frequently. The patient was treated conservatively with medications, activity modification / light duty, and physical therapy without significant improvement. The patient underwent epidural steroid injection on right at L5-S1 on 02/22/11. The patient was seen in follow-up on 03/22/11 and was noted to have significant improvement following epidural steroid injection with about 40% residual improvement. He continues with low back pain with lower extremity radiculopathy extending down into left lower extremity more so than the right. Objective findings reported tenderness to palpation of lumbar spine over spinous and paraspinous regions with radiation of pain to lower extremities along L4-5, L5-S1 left worse than right. Cranial nerves II/XII were grossly intact, and deep tendon reflexes in lower extremities remained hyperreflexic. Straight leg raise to 30 degrees with pain in dorsiflexion makes the pain worse. No muscle wasting was noted, and no new neurologic deficits were presented. Progress notes dated 04/29/11 indicated the injured employee had significantly good results after epidural steroid injection on 02/22/11 which helped eliminate all lower extremity radiculopathy, but the injured employee

still is having pain isolated in lumbar spine. He has pain on flexion, extension, and lateral motion. Objective findings reported tenderness to palpation over spinous and paraspinous regions in lumbar spine, but most of the pain remains over facet joint into buttocks region and currently has no radicular pain. Straight leg raise to 30 degrees causing pain to remain in lumbar spine and into buttocks region. Deep tendon reflexes remain hyperreflexic.

Utilization review determination dated 05/05/11 determined a request for bilateral lumbar facets at L4-S1 to be non-certified as medically necessary. It was noted the injured employee had significantly good results after epidural steroid injection on 02/22/11 which helped in eliminating all lower extremity radiculopathy, but he is still experiencing pain isolated in lumbar spine. Pain level is reported as 7/10 in VAS scores. There is pain on flexion and extension. Examination showed tenderness to palpation over spinous and paraspinous regions of lumbar spine, but most of the pain remained over facet joints and into the buttocks. It was noted there was no documentation of the failure of conservative treatment including home exercise and medication prior to procedure for at least 4-6 weeks.

A utilization review determination dated 05/23/11 determined that reconsideration / appeal request for bilateral lumbar facets L4-S1 was non-certified as medically necessary. It was noted the injured employee was significantly better after epidural steroid injection. Physical examination of lumbar spine showed lumbar pain over the facet joints and into the buttocks region. There was pain with straight leg raise and deep tendon reflexes were hyperreflexic. There was no comprehensive sensory examination in the most recent clinical assessment. Motor strength testing was not done. Medications, doses, frequency, and response to pharmacotherapy were not specified. There also were no objective measures documenting failure of other modalities of conservative treatment including home exercise program and physical therapy prior to procedure for at least 4-6 weeks. Additionally, it was not clear from clinic notes if the injured employee was being recommended for therapeutic injections or diagnostic injections. There was no indication the injured employee would continue with further facetogenic treatments such as radiofrequency ablation if injections relieved symptoms. There was also no indication the injured employee would continue with rehabilitation program in conjunction with therapeutic injections. As such, medical necessity was not established for the request.

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

The injured employee is noted to have sustained an injury to low back on XX/XX/XX. MRI of lumbar spine revealed moderate to severe lumbar spondylosis with disc disease and resultant spinal canal stenosis at L3-4 and L4-5. At L5-S1 there is a 3 mm right paracentral disc bulge resulting in moderate to severe narrowing of right neural foramen. The injured employee presented with evidence of lumbar radiculopathy and underwent epidural steroid injection on 02/22/11. The epidural steroid injection was noted to have provided significant benefit with resolution of lower extremity radiculopathy, but continued pain to lumbar spine. The most recent examination on 04/29/11 reported the injured employee had no radicular pain; however, straight leg raise to 30 degrees caused pain in lumbar spine and into buttocks region. The injured employee was also reported to have pain on flexion, extension, and lateral motion. There is clear clinical evidence of facet mediated pain. The reviewer finds there is medical necessity for Outpatient Bilateral Lumbar Facets at L4-S1.

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)