

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral facet injection two levels L4/5-B L5/S1-B fluoroscopically guided, IV conscious sedation

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

PATIENT CLINICAL HISTORY SUMMARY

Per the OV note, the patient complains of back pain. There is no mention as to whether radiculopathy is present or not. The patient has failed physical therapy and medication management. Physical exam is significant for a negative straight leg raise. It is noted that "facet loading is positive in all planes." This may mean that the patient experienced pain with facet loading. Although facet loading does not occur with lumbar flexion, per this statement, it was "positive." In addition, muscle strength is noted to be "normal." Unfortunately, there is no mention as to what body part was tested with muscle strength testing. Dr. physical exam notes that there was no tenderness to palpation over the lumbar spine. Dr. has recommended facet joint injections. When deciding on the appropriate levels to inject, he states "because of the ODG guidelines restrictions, we can only inject the lower segments bilaterally to begin with." There is no statement in the ODG that states that only the lower segments should be the first levels to be injected.

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

The ODG clearly does state that facet joint injections are "limited to patients with low-back pain that is non-radicular." There is no mention of radiculopathy being present or absent in the notes concerning this patient. Also per the ODG, facet mediated pain is suggested if there is "tenderness to palpation in the paravertebral areas (over the facet region)" and there is a "normal sensory examination." In this patient's case there is no tenderness noted and a sensory exam was not performed. Also, there has been no clinical rationale given to justify the requested levels. Based on the information provided, the reviewer finds no medical necessity at this time for Bilateral facet injection two levels L4/5-B L5/S1-B fluoroscopically guided, IV conscious sedation.

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)