

SENT VIA EMAIL OR FAX ON
May/27/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 5/31/11

Date of Notice of Decision: May/27/2011

DATE OF REVIEW: May/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facets L4/5, L5/S1 right, with epidurogram, arthrogram, SI joint injection, outpatient

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

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)

In summary, lumbar facet injections on right at L4-5 and L5-S1 with epidurogram, arthrogram would be appropriate and medically necessary.

There is no medical necessity for SI joint injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

1. Utilization review 03/25/11 and notice of determination 03/29/11 regarding non-certification requested lumbar facets L4-5, L5-S1 with epidurogram, arthrogram, right SI joint injection
2. Precertification request 03/24/11
3. History and physical and patient progress report Dr. 04/14/10-04/07/11
4. MRI lumbar spine 03/09/10
5. Utilization review determination 04/14/11 and notice of determination regarding non-certification requested lumbar facets L4-5, L5-S1 with epidurogram, arthrogram, right SI joint injection
6. Precertification appeal request 04/11/11
7. Office notes Dr. 03/08/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was moving boxes when he felt some low back pain radiating to buttocks and hips. MRI of lumbar spine dated 03/09/10 revealed trace disc bulge associated with annular tear at L3-4 with no nerve root displacement. At L4-5 there was minimal facet arthrosis. On 04/14/10 the injured employee was assessed with HNP and annular tear at L3-4, with lumbar radicular syndrome. The injured employee was referred for series of epidural steroid injections. Progress report of 08/18/10 noted the injured employee reports feeling pretty

good since third injection and has decreased medications. However, if he does any work pain increases and more medication is needed. The patient was seen by Dr. on 03/08/11 and noted to present with lumbar spine pain. The worst pain was noted in the right lower lumbosacral spine. Physical examination revealed normal gait. The injured employee was able to heel and toe walk normally. There was mild to midline spinous and paraspinous tenderness; 2+ right SI joint tenderness; 2+ right sciatic notch tenderness. There was pain with lumbar extension. Straight leg raise was 1+ positive on right, positive with crossover to right and left straight leg raise. Strength was normal in bilateral lower extremities. Progress note dated 03/23/11 notes the injured employee has increased low back pain since last set of injections. The pain never resolved completely. It is more pronounced on right side than the left. The patient was recommended to undergo facet blocks right L4-5 and L5-S1 and right SI joint injection.

A utilization review was performed by Dr. on 03/25/11, and the requested lumbar facets L4-5, L5-S1 with epidurogram, arthrogram, and right SI joint injection was non-certified as medically necessary. It was noted that the clinical data submitted for review reflects the injured employee has undergone lumbopelvic injections in the past without resolution of symptoms, although it is suggested the injured employee may have experienced some reduction in symptom intensity. The injured employee was noted to have indicated that none of the prior interventions provided clinically significant or sustainable therapeutic benefit. It was noted the injured employee remains employed full time with restrictions. Physical findings are essentially negative other than presence of slightly antalgic gait. In the absence of documentation of objective physical findings and reporting of current pain level ranges, medical necessity cannot be established at this time.

A reconsideration / appeal request was reviewed on 04/14/11 by Dr. who determined the appeal request for lumbar facets L4-5, L5-S1 right with epidurogram, arthrogram, and SI joint injection on outpatient basis to be non-certified. It was noted the injured employee has a history of chronic low back pain. Clinic note on 04/07/11 mentioned pain with back extension and paraspinal muscle spasms from L4-S1, tenderness to palpation at both SI joints and otherwise no physical examination findings could be listed as writing was not very legible. It was noted that it is unclear as to why both facet and SI joints are being requested, as multiple injections are not supported in the guidelines. It is not clear where the main pain generator is occurring including facet pain, SI joint pain, radicular pain or myofascial pain. There was also no indication of objective SI joint dysfunction as at least 3 positive objective physical examination findings were not clearly listed. Accordingly, the request was determined as not medically reasonable or necessary.

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

After review of the records provided, it appears that the request for lumbar facet blocks on right at L4-5 and L5-S1 with epidurogram, arthrogram is medically necessary. The injured employee sustained an injury to low back while moving boxes. MRI revealed trace disc bulge with annular tear at L3-4. The injured employee underwent a series of epidural steroid injections with reported improvement which allowed reduction in medications; however, low back pain was not resolved. On examination the injured employee had findings consistent with facet mediated pain including increased pain with lumbar extension and tenderness to palpation over the lumbar facets. As such, a trial of diagnostic facet blocks would be appropriate.

Regarding request for SI joint injection, medical necessity is not established. As noted on previous review, multiple injections such as epidural steroid injections, facet injections, and / or SI joint injections should not be performed on same day as this could lead to improper diagnosis or unnecessary treatment. Per ODG guidelines there should be at least 3 positive exam findings to establish SI joint dysfunction such as cranial shear test, extension test, Fortin finger test, Gaenslen's test, Patrick's Faber test, pelvic compression test, etc. In this case, the injured employee had only tenderness to palpation over SI joint. Patrick's Faber test was reported as negative, and no other exam findings were noted. As such, SI joint injection is not indicated as medically necessary.

In summary, lumbar facet injections on right at L4-5 and L5-S1 with epidurogram, arthrogram would be appropriate and medically necessary. There is no medical necessity for SI joint injection.

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)