

SENT VIA EMAIL OR FAX ON
Oct/27/2011

Pure Resolutions Inc.

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Injection at the L4-L5 and L5-S1 Level under Fluoroscopy and Intravenous Sedation between 9-30-2011 and 11-29-2011.

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

Orthopedic spine surgeon, practicing neurosurgeon

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

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient sustained injury. MRI of the lumbar spine dated 09/14/10 revealed L5-S1 mild broad based posterior disc bulge; L3-4 mild bilateral ligamentous thickening and L5-S1 bilateral mild facet hypertrophic changes. EMG/NCV dated 12/02/10 revealed no evidence of lumbosacral radiculopathy or radiculitis. Peer review dated 08/08/11 indicates that treatment to date includes medication management, physical therapy, diagnostic testing, activity modification, lumbar epidural steroid injections and chronic pain management program. The peer reviewer

opines that upon completion of the approved CPMP, it is not medically probable that any additional treatment will be reasonable per ODG as related to the xx/xx/xx work event that resulted in a lumbar strain with no acute structural damage. There are no surgeries, injections, DME products, ongoing prescription medications, office visits or additional formal therapy that will be reasonable and related to the work event. Functional capacity evaluation dated 08/16/11 indicates that current PDL is light. Physical examination on 09/12/11 notes that lumbosacral flexion is 60 degrees and extension is 30 degrees. The patient had moderate right greater than left facet tenderness aggravated by side bending and extension. Straight leg raising was 80 degrees bilaterally with hamstring tightness noted. Sensation was preserved.

Initial request for lumbar facet injection was non-certified on 09/23/11 noting that no documentation was provided regarding the lack of patient's previous involvement with conservative measures, as well as lack of documentation regarding the patient's extreme anxiety related to the request for sedation. The denial was upheld on appeal dated 10/06/11 noting that objective documentation that the patient has received and failed maximal and optimal conservative care is not submitted for review.

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

Based on the clinical information provided, the request for lumbar facet injection at the L4-5 and L5-S1 level under fluoroscopy and intravenous sedation between 9-30-2011 and 11-29-2011 is not recommended as medically necessary, and the two previous denials are upheld. There are no treatment records submitted for review to establish that the patient has undergone adequate conservative treatment. MRI of the lumbar spine dated 09/14/10 revealed only L5-S1 bilateral mild facet hypertrophic changes. Peer review dated 08/08/11 indicates that treatment to date includes medication management, physical therapy, diagnostic testing, activity modification, lumbar epidural steroid injections and chronic pain management program. The peer reviewer opines that upon completion of the approved CPMP, it is not medically probable that any additional treatment will be reasonable per ODG as related to the xx/xx/xx work event that resulted in a lumbar strain with no acute structural damage. There are no surgeries, injections, DME products, ongoing prescription medications, office visits or additional formal therapy that will be reasonable and related to the work event. Despite completion of a chronic pain management program, a submitted functional capacity evaluation dated 08/16/11 indicates that the patient's current physical demand level is light. There is no documentation of needle phobia or extreme anxiety provided to support intravenous sedation. Given the lack of significant progress with treatment completed to date, the request for lumbar facet injection is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES