

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX  
75038  
972.906.0603 972.255.9712  
(fax)

---

## Notice of Independent Review Decision

**DATE OF REVIEW:** SEPTEMBER 6, 2011

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed bilateral lumbar facet joint blocks L3-L5 levels with epidurogram under MAC (64493, 64494, 01992-23, 72275-26)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.83, 721.3	64493		Prosp	2			Xx/xx/xx	xxxxx	Upheld
722.83, 721.3	64494		Prosp	2			Xx/xx/xx	xxxxx	Upheld
722.83, 721.3	72275	26	Prosp	1			Xx/xx/xx	xxxxx	Upheld
722.83, 721.3	01992	23	Prosp	1			Xx/xx/xx	xxxxx	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The medical records presented for review begin with a copy of the reconsideration of the previous request. This reconsideration included a history of treatment to date, the current clinical

situation, and the logic behind the request not being certified previously. It was noted that the standards outlined in the Official Disability Guidelines were not met.

In the next record is a lumbar MRI dated May 23, 2011. This study identified disc desiccation, hypertrophic facet arthropathy at L4/L5 and a left laminectomy defect at L5. There were tracks from prior pedicle screw fixation noted. The assessment was reported as stable.

The next note is a follow-up progress note from Dr. dated August 16, 2011. It was noted that there was increasing pain in the lumbar region of the spine with associated numbness, tingling, weakness and loss of balance. The changes noted on MRI were reported. Dr. felt that the findings noted on repeat MRI would support the multiple level injections that he was seeking to perform.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS. FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, the criteria for facet joint blocks are noted as:

Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

In this case, there is evidence of spinal stenosis, there is evidence of a previous fusion, and there is no documentation of a 70% pain relief with the medial branch block. Additionally, the request is for two levels that bilaterally would constitute a four joint blockade. Therefore, the request is well in excess of the criterion outlined within the Official Disability Guidelines.

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

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES