

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2nd facet injection L5-S1

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

Orthopedic Surgery

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

OD Guidelines

1. Request for IRO dated 09/12/11
2. Request for IRO dated 09/01/11
3. Utilization review determination dated 07/18/11
4. Utilization review determination dated 08/25/11
5. Clinical records Dr. 03/17/11-08/11/11
6. Procedure report lumbar facet injection dated 06/21/11
7. MRI of lumbar spine dated 02/18/11
8. Physical therapy records dated 03/30/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who had chief complaint of back and left leg pain. It is reported that on the date of injury of xx/xx/xxxx that she was employed. Her chair and wheels got tangled in carpet. The chair slipped backwards and she subsequently struck the wheels as she fell with her back. She describes severe low back pain radiating down her left leg to her knee. She is being treated by Dr.

On 03/17/11 the claimant was seen by Dr. MRI scan has been performed and she has received physical therapy to include heat, massage, exercises, and ice. On physical examination she is noted to be obese female. She is 5'7" tall and weighs 298 lbs. She has surgical scar over the left knee. On physical examination she is noted to have normal gait. She is noted to heel/toe walk, squat, and arise from squat without difficulty. She has reduced lumbar range of motion. Motor strength is 5/5. Reflexes are symmetrically absent. Straight leg raise is negative bilaterally. MRI is reported to show no pathology that compromises the foramen or central canal. There was synovitis of both facet joints at L5-S1 with 2 mm

posterior central bulge. She was subsequently referred for physical therapy and provided oral medications.

The claimant was seen in follow up on 03/24/11 Dr. reviewed the MRI and reports disc desiccation at L4-5 and L5-S1 with a small disc bulge. The claimant has had no changes in her pain she was continued on her current treatment plan.

On 06/09/11 Dr. opines that the claimant has failed conservative treatment and recommends facet injections at L5-S1. Records indicate that on 06/21/11 the claimant underwent a facet injection into the L5-S1 facet joints bilaterally.

Post-procedurally the claimant was seen on 07/07/11. She was reported to have had 40% improvement with her initial injections. She was subsequently offered a second injection.

The initial case or the initial request was reviewed by Dr. on 07/18/11 who notes that current evidence based guidelines require initial pain relief of 70% as well as at least 50% relief for duration of six weeks to perform repeat facet injections. She further notes that most recent clinical notes do not provide positive physical examination findings consistent with lumbar facet mediated pain.

An appeal request was reviewed on 08/25/11 by Dr. who non-certified the appeal request and notes that the claimant only received 40% improvement with the initial injection. He reports that a recent comprehensive lumbar examination was not provided for review. He notes that there is no documentation of decreased need for pain medications or sustained pain relief of at least 50% with improved function in activities of daily living associated with the previous injection. As such he non-certifies the request.

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

The request for second lumbar facet injections at L5-S1 is not established as medically necessary and the previous utilization review determinations are upheld. The submitted clinical information provides an initially weak physical examination or the submitted clinical records indicate that the claimant does not meet criteria and the previous utilization review determinations are upheld. The available medical records indicate that the claimant sustained an injury to her low back as a result of a slip and fall from a chair. She has chronic low back pain with reduced range of motion. The initial examination as performed by Dr. does not strongly suggest the presence of facet disease. She is noted to have facet synovitis on MRI. The claimant underwent lumbar facet injections on 06/21/11. She's only reported to have received 40% benefit and had less than six weeks duration for this limited benefit as such the claimant would not meet current evidence based guidelines for establishing the medical necessity for repeat facet injections.

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