

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/29/2012

**IRO CASE #:**

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

Bilateral L4-5 facet joint injections

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

M.D., Board Certified Orthopedic surgeon

**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**

Official Disability Guidelines and Treatment Guidelines

Appeal request non-certification 02/10/12

Peer review report 02/09/12

Utilization review determination 01/19/12

Peer review report 01/18/12

Consultation and follow-up reports Dr. 11/20/08-01/13/12

Operative report caudal epidural steroid injection 04/01/11

Electrodiagnostic study 01/24/11

MRI lumbar spine 09/30/10 and 03/24/08

CT myelogram cervical spine 11/18/08

MRI cervical spine 11/29/07

MRI thoracic spine 03/16/07

Operative report C4-5, C5-6 and C6-7 hemicorpectomy with C4-5, C5-6 and C6-7 anterior cervical fusion with anterior plate and allograft 07/15/09

Preoperative assessment 07/09/09

Operative note selective nerve root block right C6 03/28/08 and 01/04/08

Handwritten progress notes 07/30/10, 07/14/08, and 02/23/08

Preauthorization request 01/16/12

Preauthorization appeal request 02/01/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described. The claimant underwent anterior cervical fusion C4-7 performed on 07/15/09. The claimant did well following surgery. His primary focus of pain became lumbar spine with complaints of low back pain radiating down through the buttocks. MRI of lumbar spine dated 09/30/10 reported annular tear along right posterolateral L4-5 disc margin and along left

posterior L5-S1 disc margin. There was degenerative facet hypertrophy and disc bulge at L4-5 and mild narrowing of central and spinal canal and mild crowding of nerve roots. There is no significant foraminal stenosis in lumbar spine. Electrodiagnostic testing performed on 01/24/11 reported evidence of mild bilateral lower lumbar radiculopathy (more specific not localized due to denervation only in lower lumbar paraspinals). Records indicate the claimant underwent epidural steroid injection on 04/01/11, which did not provide any relief at all. He continued to complain of back pain and bilateral lower extremity pain. Office note dated 12/15/11 indicated the claimant had decompression at L4-5 performed in 08/11. He reportedly was doing well when he was doing water therapy but once he stopped doing water therapy he started having an increase in symptoms. Objective findings reported strength 5/5 throughout the bilateral lower extremities. He has negative straight leg raise bilaterally. There is no hyperreflexia. The claimant was seen on 01/13/12 for follow-up. MRI was reviewed and facet changes in arthropathy were noted at the L4-5 level. The claimant was determined to be a candidate for facet injection bilateral L4-5.

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

The claimant has a history of anterior cervical fusion C4 through C7 performed 07/15/09. He subsequently complained of low back pain. Following surgery the claimant complained primarily of low back pain radiating down through the buttocks. The claimant failed to respond to conservative care including epidural steroid injection performed 04/01/11, which provided no relief. The claimant underwent lumbar decompression L4-5 in 08/11. He reportedly was doing well when he was doing water therapy but once he stopped doing water therapy he experienced an increase in symptoms. Updated MRI was noted to show facet changes and arthropathy at the L4-5 level. Most recent examination reported 5/5 strength in the bilateral gastrocsoleus, anterior tibialis, extensor hallucis longus, quadriceps and hamstrings. There were no findings on physical examination indicative of facet mediated pain. Records note that the claimant had pain with bending forward but no pain with extension. There was no tenderness at the facets or other provocative testing consistent with facetogenic pain. The reviewer finds there is not a medical necessity at this time for Bilateral L4-5 facet joint injections.

#### **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)