



Notice of Independent Review Decision – WC

IRO REVIEWER REPORT – WC

DATE OF REVIEW: 08/22/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Right Lumbar Facet Injection L4-L5 and L5-S1 64493 and 64494

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

Board Certified in Physical Medicine and Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Outpatient Right Lumbar Facet Injection L4-L5 and L5-S1 64493 and 64494 –
OVERTURNED

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Progress Note, 02/21/12, 03/02/12, 03/28/12
- Medical Imaging Report 03/06/12
- Initial Report
- Daily Treatment Record
- Patient Visit

- Radiology Report
- Operative Report
- Radiology Note
- Script for Orders
- Denial Letters, 06/20/12, 07/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was involved in a lifting injury where he felt a pop in the right side of his lower back with associated sharp pain. He underwent chiropractic therapy. He was felt to have a right sided L4-L5 disc protrusion in the foraminal space, per an MRI of the lumbar spine. He was recommended to start physical therapy, which had not happened at that time due to a perforated diverticulosis and diverting colostomy a couple of days after he was to start the therapy. A right L4 selective nerve root injection was performed. Dr. noted that, though the patient reported his pain improved from a 3/10 to 0/10 for approximately 4 hours, there was no significant long-term improvement. A right L4-L5 and right L5-S1 facet joint block for diagnostic value was recommended.

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

It is my medical opinion that the proposed outpatient right lumbar facet injections at two levels (L4-L5 and L5-S1) are medically reasonable and necessary. Review of the Official Disability Guidelines indicates that facet injections can be used for diagnostic purposes. They are often done in anticipation of a lumbar rhizotomy, which would be inferred based upon the provided documentation. Dr. has documented physical examination findings compatible with facet injection. There is a possible radiculopathy, which has been explored and treated without evidence of response. The patient has tried and failed conservative treatments, including chiropractic therapy, medication, and injections. Therefore, in my medical opinion, the patient meets all the criteria established by the Official Disability Guidelines for consideration of this injection.

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**