

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/23/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet under Fluoroscopy w/IV Sedation

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

M.D., Board Certified Anesthesiology; Board Certified Pain Management

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 medical necessity exists for each health care service in dispute. The reviewer finds the request for Lumbar Facet under Fluoroscopy w/IV Sedation is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI lumbar spine without gadolinium contrast dated 03/13/12

Physical therapy initial evaluation, plan of care and progress notes 03/20/12 and 04/18/12

Radiographic report ribs unilateral 4 views dated 04/02/12

Radiographic report T spine complete 04/02/12

Letter To Whom It May Concern dated 04/03/12

Office visit note Dr. dated 04/12/12

Office visit notes Dr. dated 04/24/12-06/21/12

Notification of adverse determination dated 05/09/12

Notification of adverse determination dated 06/19/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. He was pulling on a tarp on the back of a trailer and fell approximately seven feet onto the right side of his back. MRI of the lumbar spine dated 03/13/12 revealed no evidence of disc herniation/bulge, central spinal stenosis or neural exit canal impingement at L3-4 and L4-5. At L5-S1 intervertebral disc space has moderate narrowing. The intervertebral disc has mild posterior broad based annular bulging producing mild impingement of the neural exit canal bilaterally. Note dated 04/12/12 states that the patient had physical therapy (approximately 13 sessions) without significant improvement in his symptomatology. Follow up note dated 05/07/12 indicates that the patient's main axial back pain continues to be across the lower lumbar area. His pain is worse with side bending and extension. On examination he has exquisite lumbar facet tenderness aggravated with side bending and extension with reproduction of his back pain complaints. Initial request for lumbar facet under fluoroscopy with IV sedation was non-certified on 05/09/12 noting that the request is nonspecific and does not indicate which level/s is/are to be injected. There is no comprehensive assessment of treatment completed to date

or the patient's response thereto submitted for review. The patient is noted to have undergone physical therapy; however, there are no progress notes submitted for review documenting the number of sessions completed to date and the patient's response thereto. Follow up note dated 05/21/12 states that initial evaluation dated 04/24/12 defines maximum tenderness exacerbated over the lumbar facet regions at L3-4 interspace, and "it could easily be concluded that this is the patient's generator". The note goes on to state that there is facet tenderness at L3-4, L4-5 and L5-S1.

The denial was upheld on appeal dated 06/19/12 noting that the specific level or levels at which the requested procedure will be performed was still not specified. Importantly, the records did not specifically indicate plans for facet neurotomy in this patient. Furthermore, the request includes the use of sedation. As per guidelines, the use of this may be grounds to negate the result of the requested block and should only be given in cases of extreme anxiety. Such condition to necessitate the use of sedation was not indicated in the records.

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

As noted by the previous reviewers, the level or levels to be injected are not specified. Follow up note dated 05/21/12 states that initial evaluation dated 04/24/12 defines maximum tenderness exacerbated over the lumbar facet regions at L3-4 interspace, and "it could easily be concluded that this is the patient's generator". The note goes on to state that there is facet tenderness at L3-4, L4-5 and L5-S1. The Official Disability Guidelines note that no more than two joint levels should be performed. The use of sedation may be grounds to negate the result of the requested block and should only be given in cases of extreme anxiety. There is no documentation of extreme anxiety or needle phobia provided to support the use of sedation. The reviewer finds the request for Lumbar Facet under Fluoroscopy w/IV Sedation is not medically necessary.

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)