

SENT VIA EMAIL OR FAX ON
May/25/2012

Applied Assessments LLC

An Independent Review Organization
3005 South Lamar Blvd, Ste. D109 #410
Austin, TX 78704
Phone: (512) 772-1863
Fax: (512) 857-1245
Email: manager@applied-assessments.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Facet Block Injection at the level of L5/S1

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

Neurosurgeon

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

Cover sheet and working documents

Report dated 01/27/12 and 02/01/12

MRI lumbar spine dated 02/16/12

MRI thoracic spine dated 02/16/12

Worker's compensation report dated 02/24/12

Office visit notes dated 03/29/12 and 04/04/12

Utilization review determination dated 04/13/12

Utilization review determination dated 05/01/12

Letter dated 05/08/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The claimant states he was standing and he was hit from his side making him twist his back. He has had low back pain since then. He complains of low back pain with left leg and right leg pain. MRI of the thoracolumbar spine dated 02/16/12 revealed L5-S1 disc desiccation with bilateral foraminal disc bulges measuring 3mm; annular tear; facet and ligamentum flavum hypertrophy; right foraminal nerve root impingement. At L4-5 there are disc bulges at the foramina measuring 4mm; mild posterior element hypertrophy; mild foraminal compromise. At L3-4 there are small 3mm disc bulges bilateral foramina with mild foraminal compromise. The claimant was

seen for initial consultation by on 03/29/12. The claimant was noted to have pain to the lower and middle back as well as left leg pain, right leg pain and knee pain. On examination of back reported tenderness to the lower midline lumbar, lumbosacral junction, with pain upon flexion. There were paraspinous spasms noted, with swelling to the area of the back. Lumbar range of motion was decreased and painful-hyperextension. Straight leg raise was reported as atypical bilaterally. Deep tendon reflexes were 2+ at the bilateral knees and ankles. The claimant demonstrated weak toe walking and heel walking on the right. Motor examination was 5/5 throughout the bilateral upper and lower extremities. There were no pathological reflexes. The claimant was recommended to undergo bilateral facet injections at L5-S1.

A utilization review of requested bilateral facet block injection at the level of L5-S1 was performed on 04/13/12 and it was determined that the request does not meet medical necessity guidelines. The reviewer noted that repeat MRI of the lumbar spine without contrast was not indicated as medically necessary as there were no indications of changing clinical presentation requiring reevaluation also there was no plan for surgery that requires additional imaging study. It was further noted that the claimant does or that the request for facet block would be considered reasonable and supported by Official Disability Guidelines. The claimant has low back pain with noted degenerative changes and facet arthropathy. However, since there has been no peer to peer contact, modification of the request cannot be made. Therefore, the request is denied as a whole.

A reconsideration request for bilateral facet block injection at level of L5-S1 was reviewed on 05/01/12 and determined as not meeting medical necessity guidelines. The reviewer noted ODG criteria for facet injections include documentation of low back pain that is non-radicular, failure of conservative treatment (including home exercise program, physical therapy, and NSAIDs) prior to procedure at least 4-6 weeks, no more than 2 joint levels to be injected in one session, and evidence of formed plan of additional evidenced based activity and exercise in addition to facet joint therapy. The claimant presents with left sided low back pain and pain on flexion. However, imaging findings demonstrate nerve root impingement at L5-S1 level. In addition it is unclear why bilateral facet injections are requested when left sided facet pain is suspected. Furthermore it is unclear whether intraarticular facet block is requested or medial branch block. Lastly, there is no formal plan of additional activity and exercise in addition to facet joint therapy. Non-certification was recommended.

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

Based on the clinical information provided, medical necessity is not established for bilateral facet injections at level of L5-S1. The claimant sustained an injury when he was hit from the side on 01/20/12. He complains of back pain and bilateral leg pain. MRI of lumbar spine revealed foraminal disc bulges at L5-S1 with right foraminal nerve root impingement by the facet and disc bulge. At L4-5 there are disc bulges at foramina measuring 4 mm. There is facet ligamentum flavum hypertrophy at L5-S1, with mild posterior element hypertrophy at L4-5. Examination of the lumbar spine revealed decreasing pain with hyperextension. Straight leg raise was reported as atypical bilaterally, and the patient had weak toe and heel walking. Noting the claimant has findings indicative of lumbar radiculopathy, bilateral facet injections L5-S1 are not supported as medically necessary. Official Disability Guidelines indicate facet / medial branch blocks should be limited to patients with low back pain that is non-radicular in nature and at no more than two levels bilaterally. As noted on previous review with the records indicating left sided pain suggests facet syndrome, it is unclear as to why bilateral facet block would be necessary. Also, there is no formal plan of additional evidenced based conservative treatment in addition to facet joint therapy. Based on the clinical information provided, the proposed bilateral facet injections at level of L5-S1 is not supported as medically necessary, and the previous denials are upheld on IRO.

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)