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Notice of Independent Review Decision Revised.

**Date notice sent to all parties: 11/9/12**

**IRO CASE #:**

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

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

Texas Licensed Anesthesiology/Pain Management Physician.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld                      (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records Review includes:

1. Denial Letters from 10/9/12 and 10/25/12.
2. Notes from Dr. 10/16/12 through 9/17/12
3. MRI of 8/8/12
4. notes from 8/6/04 through 9/7/12

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was injured at work on xx/xx/xx when he slipped and fell. He has remained off work since that time and he has undergone multiple diagnostic studies. An MRI of 8/8/12 found severe left foramen stenosis at L5-S1. This was in relation to a spondylolisthesis of 6mm anteriorly. A note from Dr. dated 9/12/12 reports physical therapy and ESI's requiring multiple blood patches. He is diagnosed with radiculopathy and degenerative changes.

The most recent clinical notes from Dr. document clearly the radiculopathy, the pain, sensory and motor changes. In addition, the MRI shows amongst other changes, foraminal encroachment secondary to disc disease,

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

I cannot find any rationale for a facet injection. I do not recommend this intervention. There is no clear clinical correlation between the occupational incident of xx/xx/xx and the current complaints.

The ODG has criteria to diagnose facet pain that has not been met. **Suggested indicators of pain related to facet joint pathology** (acknowledging the contradictory findings in current research):

- (1) Tenderness to palpation in the paravertebral areas (over the facet region);

- (2) A normal sensory examination;
- (3) Absence of radicular findings, although pain may radiate below the knee;
- (4) Normal straight leg raising exam.

*Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.*

Additionally, the ODG criteria for facet blocks has not been met due to complaints and findings of radiculopathy as follows:

**Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:**

- 1. No more than one therapeutic intra-articular block is recommended.
- 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
- 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
- 4. No more than 2 joint levels may be blocked at any one time.
- 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

**IRO REVIEWER REPORT TEMPLATE -WC**

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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X-DWC- DIVISION OF WORKERS COMPENSATION  
POLICIES OR GUIDELINES**

**X-MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES**