



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 12/3/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of facet injections bilateral L4-5 and L5-S1.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of facet injections bilateral L4-5 and L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed:

Texas Outpatient Non-Authorization Recommendation- 10/12/2011

TDI Report of Medical Evaluation- 5/17/2011, 2/2/2012, 11/9/2012

Request for Alternative Certification- 10/14/2011

TDI letter - 5/17/2011

Impairment Rating Exam- 11/16/2012

Workers Compensation Work Status- 9/9/2011, 9/30/2011, 10/11/2011, 10/5/2011, 2/2/2012, 4/25/2012, 7/6/2012, 8/17/2012, 10/1/2012, 10/14/2012

Refill Request for Meloxicam 15mg- 3/4/2013

Therapy Referral- 9/9/2011

Physical Therapy progress note- 9/19/2011

Initial Exam (new injured worker) - 11/9/2012

Progress Notes - 7/25/2011, 9/9/2011, 9/30/2011, 10/11/2011, 12/5/2011, 4/26/2012, 7/6/2012, 8/17/2012, 10/1/2012, 10/14/2013

Letter to workers compensation- 2/10/2012

Operative Report- 9/1/2011, 1/19/2012

MRI Lumbar Spine- 6/9/2011

request Outcome- 10/21/2013

Appeal Outcome- 10/31/2013

Physical Therapy Progress Note- 10/4/2011

Manual Muscle Strength Exam- 10/14/2013

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured while working in xx/xxxx. Despite medications, therapy, epidural steroid and medial branch block injections. He has had persistent pain in the low back. A 6-9-11 dated Lumbar MRI has revealed a disc protrusion at L4-5 and foraminal stenosis, along with protrusions and nerve root compromise at S1. Some multilevel facet changes were noted on MRI also. As of 10-14-13 the claimant was noted to have "continuous lower back pain" along with "radicular pain." Lumbar extension and side bending was painful and the neurologic exam is intact. However later in the same note it was indicated that the claimant had "mostly facet pain. Has no radicular pain." Denial letters discussed that facet injections were not indicated as there was radicular pain present.

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

Opinion: Uphold denials.

Rationale: The claimant has evidence of "radicular findings. "Applicable clinical guidelines do not support the injections, in this clinical situation. As noted in the guidelines referenced below "there should be no evidence of radicular pain. Therefore in this case of low back pain with significant radicular radiation, the considered facet injections cannot be considered medically reasonable or necessary, based on applicable clinical guidelines.

Reference: ODG Low Back Chapter

Facet Joint Pain; Signs and Symptoms: 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.

Facet Joint Injections: 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.

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

- ACOEM- AMERICAN 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)