

# C-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Dec/02/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** facet joint injection L5-S1: left side with sedation

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Neurological 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)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is the opinion of the reviewer that the request for facet joint injection L5-S1: left side with sedation is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 09/24/13, 10/16/13

Office visit note dated 09/13/13, 07/23/12

Follow up note dated 05/18/12, 08/23/10, 01/05/10, 05/26/09, 05/01/08

Operative report dated 12/07/10

Radiographic report dated 05/26/09

Pain diagram dated 11/13/13

Letter dated 11/12/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male whose date of injury is xx/xx/xx. The patient is noted to be status post 360 fusion L3-L5 in 1996. The earliest record provided is a follow up note dated 05/01/08. This note states that the patient has a two-level, well-healed fusion at L3-4 and L4-5 with transitional segment disease at L2-3 and degenerative disc disease at L1-2. Follow up note dated 05/26/09 indicates that the patient continues to suffer with significant low back pain. The patient subsequently underwent bilateral L5-S1 facet joint block and right sacroiliac joint block on 12/07/10. There is a gap in the treatment records until follow up note dated 05/18/12. The patient states he is doing reasonably well with his walking, but it is aggravating his back. The patient was recommended to undergo left L5-S1 facet injection. Office visit note dated 09/13/13 indicates that the patient is still having left sided low back pain. He is still getting used to his prosthesis on the right side. On physical examination reflexes in the left lower extremity are symmetrically diminished. Sitting root test is negative. He is tender over the left L5-S1 area. X-rays show that his fusion is intact.

Initial request for facet joint injection L5-S1 left side was non-certified on 09/24/13 noting that

the claimant has previously had bilateral L5-S1 injections in 2010 and there is a lack of documentation of how the claimant responded to those injections. There is a lack of documentation suggesting the claimant has attempted and failed or is intolerant to traditional first-line conservative treatment options such as NSAIDs and/or physical therapy/home exercise program. The patient has diminished sensation and reflexes of the left lower extremity suggesting radiculopathy. The denial was upheld on appeal dated 10/16/13 noting that ODG supports facet joint injections and diagnostic blocks with facet mediated pain if the clinical presentation is consistent with facet joint pain, signs and symptoms. This includes tenderness to palpation of the paravertebral areas overlying the facet region in normal sensory examination; in this case documentation provided is not convincing for tenderness overlying the left L5-S1 facet.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries in xx/xxxx. The patient is noted to be status post 360 fusion L3-L5 in 1996. The patient subsequently underwent bilateral L5-S1 facet joint block and right sacroiliac joint block on 12/07/10. The submitted records fail to document the patient's objective functional response to these procedures. There is no comprehensive assessment of recent active treatment completed. The patient's physical examination fails to establish the presence of facet-mediated pain. Additionally, the Official Disability Guidelines note that the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The submitted records fail to document extreme anxiety in this case. As such, it is the opinion of the reviewer that the request for facet joint injection L5-S1: left side with sedation is not recommended as 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)