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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4, L5 and S1 lumbar facet injection

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

Board Certified 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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination 12/05/12
Reconsideration/appeal of adverse determination 12/21/12
Functional capacity evaluation 02/02/12
Prescription work conditioning 02/14/12
Office notes 11/22/11-02/06/12
Patient face sheet 11/07/11
Physical therapy progress notes 11/16/11-12/15/11
Pre-authorization request work hardening 09/24/12
Behavioral evaluation report 09/18/12
Work capacity evaluation 09/18/12
Concurrent review request work hardening 10/23/12
Work capacity evaluation 10/23/12
Orthopedic consult and orthopedic report 11/16/12 and 01/03/12
Peer review 11/26/12
Subsequent medical report 10/08/12
Office notes 08/10/12
EMG/NCV bilateral upper extremities 12/14/12
MRI arthrogram right shoulder 12/11/12
MRI right shoulder 08/12/11
Procedure orders 11/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx while lifting overhead when he tripped but did not fall. He injured his right shoulder and low back. Reference was made to an MRI of the lumbar spine on 08/29/12, but no official radiology report was submitted for review. It was noted that the radiologist who read the MRI identified findings at every level of the lumbar spine from L1 to S1 with reports of protrusion/herniation at L5-S1, L4-5, and L3-4, facet arthropathy, disc bulging, and disc desiccation. The claimant was prescribed physical therapy. He apparently underwent right shoulder arthroscopy, with a corticosteroid injection performed post-operatively which provided temporary relief. The claimant was seen in orthopedic consult on 11/16/12 and was recommended to undergo right L4, L5, and S1 lumbar facet/medial branch block.

Per utilization review determination dated 12/05/12, a request for right L4, L5, and S1 lumbar facet injection was non-certified, noting that Official Disability Guidelines only recommend the role of two medial branch levels being injected diagnostically at any given time and in this case there were three requested levels that would exceed Official Disability Guidelines criteria. It was noted that the claimant presented with axial mechanical back pain and symptoms that would clinically fit the diagnosis of facet syndrome; however, the role of the proposed treatment copy cannot be supported as the number of levels in question would exceed the clinical criteria for necessity at this time.

Per reconsideration/appeal adverse determination dated 12/21/12, the appeal request for right L4, L5, and S1 lumbar facet injection was determined as not medically necessary, again noting that the request was for three medial branch levels which exceed Official Disability Guidelines criteria.

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

The clinical data submitted for review does not support a determination of medical necessity for the proposed right L4, L5, and S1 lumbar facet injection. It was noted that the claimant sustained a lifting injury to the low back and right shoulder. He is status post right shoulder arthroscopy. He reportedly has undergone physical therapy and other conservative measures; however, there is no documentation of the nature and extent of therapy directed to the low back. Physical therapy progress notes submitted for review address the right shoulder, but not the lumbar spine. The claimant was also noted to have participated in a work hardening program, but again it appears that the focus was the right shoulder rather than low back.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES