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Notice of Independent Review Decision

Date notice sent to all parties: 7/11/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right L4-5, L5-S1 facet/sacroiliac (SI) joint injections under fluoroscopic guidance

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

Texas Licensed, Board Certified Anesthesiologist.

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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. IRO Request letter
2. Notice of IRO Assignment
3. IRO LHL009 request
4. 5/24/13 and 6/18/13 Denial letters and rationale
5. Xx/xx/xx Injury report
6. 12/13/12 and 3/29/13 Dispute letters
7. 10/17/12 Report on MRI of Lumbar Spine WO Contrast
8. 11/26/12 FCE
9. 5/2/13 Report on nerve conduction studies/EMG
10. 8/30/12-12/3/12 records
11. 2/27/13-6/5/13 records
12. 5/1/13, Pain management consultation
13. 9/18/12-10/25/12 Physical therapy evaluation and progress notes
14. 9/7/12-6/5/13 Texas Workers' Comp Status reports
15. 3/15/13 MMI
16. 6/6/13 evaluation
17. 5/21/13 Precertification Request
18. 6/12/13 Reconsideration Request

PATIENT CLINICAL HISTORY [SUMMARY]:

Notes indicate the patient hurt her back lifting and carrying food crates and milk up and down stairs. requested authorization of outpatient right L4-5, L5-S1 facet/sacroiliac (SI) joint jectons under fluoroscopic guidance for this patient.

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

The evidence supporting the necessity of a SIJ injection is lacking. Firstly, only described two clinical signs of SIJ dysfunction, Patricks and local SIJ tenderness. ODG requires 3. The decision regarding non-authorization of the SIJ injection is upheld.

There is one report dated 5/1/13 and he notes tenderness over the right SI and L/S region with a right sided Patrick's Test. A note suggests a positive SLR on the right on the date of 5/3/13. Additionally, the MRI finds no neural foramen encroachment. EMG suggests L5 nerve root irritation.

ODG states signs of facet pain need the following:

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.

The SLR on the right, the indication of some sensory loss, and the EMG showing mild nerve root irritation at L5 are all radicular symptoms, particularly the SLR. They invalidate the criteria for facet injection of this patient. Thus the facet injection non-authorization is upheld.

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)