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Notice of Independent Review Decision

Date notice sent to all parties: 07/17/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet injections times two

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal 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 of the health care services in dispute.

Lumbar facet injections times two - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Reports - dated 09/20/12 and 09/26/12
CT scan of the head dated 09/20/12
Patient statement of injury dated xx/xx/xx
Reports dated 10/22/12, 11/05/12, and 11/28/12

Preauthorization requests dated 10/24/12, 01/02/13, 03/07/13, 04/07/13, 06/07/13, and 06/17/13
Notices of Preauthorization dated 10/26/12, 12/03/12, 01/03/13, 01/28/13, 03/08/13, 04/30/13, 06/11/13, 06/12/13, 06/20/12, and 06/24/13
DWC-73orms dated 11/05/12, 11/28/12, 12/28/12, 02/06/13, 03/06/13, 04/05/13, 05/06/13, 05/09/13, and 06/06/13
Peer Review dated 11/13/12
PLN-11 dated 11/14/12
Lumbar and thoracic MRIs dated 11/26/12
EMG/NCV study dated 12/19/12
Reports dated 12/28/12, 01/25/13, 02/06/13, 02/28/13, 03/06/13, 03/21/13, 04/05/13, 05/03/13, 05/09/13, and 06/06/13,
Physical therapy notes dated 01/10/13, 01/11/13, 01/16/13, 01/18/13, 01/21/13, and 01/30/13
Plan of Care dated 01/25/13 and 05/04/13
Approval of DDE dated 02/21/13
Letter dated 02/25/13
Letter dated 02/27/13
Orders for ESIs dated 03/06/13, 03/21/13, 04/05/13, and 06/06/13
Procedure notes dated 03/14/13, 03/28/13, and 05/24/13
X-rays dated 03/14/13, 03/24/13, and 03/28/13
DWC Form 53 dated 03/21/13
Approval to change treating physicians dated 03/29/13
Report from PA dated 04/25/13 from Orthopedics
Request for thoracic injections dated 04/26/13
Prescriptions dated 05/04/13, 05/24/13, and 06/06/13
Undated controlled substance agreement
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient presented on xx/xx/xx. It was noted she had back pain when she slipped and fell down on a wet floor at work and she hit the back of her head on the floor. She noted the tips of her fingers and toes had numbness off and on. She had right arm pain and right neck pain. It was noted she took a medication for thyroid disease. A CT scan of the head was obtained on xx/xx/xx and revealed no acute changes. The patient returned on 09/26/12 and she complained of back pain when she slipped on a wet floor and fell down. The CT scan of her thoracic spine and lumbar spine were done and showed degenerative joint disease and she was told she had a fracture at T12. She had no leg weakness and no incontinence. She did have pain that was shooting at times. She also had muscle spasm and tenderness in that appeared to be the thoracic region. The impressions were degenerative joint disease of the spine, status ground level fall, and T12 compression fracture. She was referred to an orthopedist and was advised to take over-the-counter analgesics. The patient provided a statement of her injury on xx/xx/xx and noted she slept on a wet floor

and slammed the back of her head, neck, her back, legs, and heels of her feet on the floor. She also noted she cracked one of her lower teeth from the impact of the fall. examined the patient on xx/xx/xx. Please note this was a poor copy, but it appeared she had numbness of the right upper extremity. The impressions were an acute thoracic, cervical, and dorsal myofascial strain, and a compression fracture at T12. MRIs of the cervical, thoracic, and lumbar spines were recommended. The carrier filed a PLN-11 on 11/14/12 noting they only accepted a contusion to the head and a contusion to the thoracolumbar spine with a possible soft tissue strain of the paraspinous musculature of the cervical and thoracolumbar spine. An MRI of the lumbar spine was obtained on 11/26/12 and revealed a subacute T12 compression fracture and minimal degenerative disc changes of the lumbar spine without signs of a disc herniation, canal stenosis, or neurological impingement. An MRI of the thoracic spine was also performed that day and revealed an approximately 50% T12 compression fracture that appeared to be subacute. There was no posterior displacement, canal stenosis, or neurological impingement. The remainder of the thoracic spine was normal. An EMG/NCV study was obtained on 12/19/12. The findings were consistent with bilateral median neuropathy at the wrist, mild on the right, and mild to moderate on the left, but there was no electrodiagnostic evidence of cervical radiculopathy affecting the motor nerve roots or a generalized peripheral neuropathy. The patient attended therapy under the direction on 01/10/13, 01/11/13, 01/16/13, 01/18/13, 01/21/13, and 01/30/13. examined the patient on 01/25/13. She had improved range of motion actively. Continued physical therapy was recommended and Neurontin was prescribed at that time. On 02/06/13, reexamined the patient. She continued to have spasms, tenderness, and decreased range of motion to the cervical and thoracic spines. The impressions were cervical and thoracic sprains, a tooth fracture, and a T12 vertebral body compression fracture. felt the patient needed a vertebroplasty but he was unable to find a surgeon to take the patient due to the disputed nature of the claim. On 02/28/13, wrote a letter stating he believed the medical probability that the compression fracture was in fact secondary to the blunt trauma sustained by the patient on her date of injury. On 03/14/13 and 03/28/13, performed right SI joint injections under fluoroscopy. On 04/05/13, the patient had painful and limited range of motion in the right hip and had painful weight bearing. The impressions were chronic pain, acute sciatica, sacroilitis, and a compression fracture at T12. Continued exercises were recommended, as well as continued medications. On 04/07/13, requested a third right SI joint injection. On 04/25/13, P.A., examined the patient at Orthopedics. It was noted the first SI joint injection was quite helpful, but the second one was less helpful. She had good range of motion of the cervical spine with tenderness, as well as bilateral trapezius tenderness. Sensation was intact in both upper and lower extremities. She had no tenderness in either sciatic notches and straight leg raising was negative on both sides. Strength was intact in the right lower extremities, as well as the left lower extremity. Mr. noted, as the patient was seven months status post injury, specifically a kyphoplasty was unlikely to be accomplished. Facet injections were requested at that time for the thoracic spine. On 04/30/13, a denial for the requested right SI joint injections under fluoroscopy. On 05/24/13, performed

thoracolumbar facet injection under fluoroscopy. On 05/31/13, reexamined the patient. It was noted her SI joint injection had been denied and physical therapy would be scheduled. Her medications were continued, which included Tramadol and Gabapentin. On 06/06/13, the patient informed she had 50% relief for six hours from the facet injections and now had 10% improvement at the current visit. She had mild right sided jaw swelling and was status post TMJ procedure. Tessalon pearls and Gabapentin were refilled at that time and continued therapy was also recommended. On 06/06/13, orders were provided for a second facet injection of the thoracic spine. On 06/07/13, requested facet injections times two in the lumbar spine, which were non-certified on 06/12/13. On 06/17/13, again requested the lumbar facet injection times two, which were again non-certified on 06/24/13.

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

The requested facet injections are neither reasonable nor necessary and they are not in accordance with the recommendations of the Official Disability Guidelines (ODG). The patient appeared to have a compression fracture at T12 and a contusion to her back. There is no evidence of facet injury based on the documentation reviewed currently. She did not have a greater than 60% response to her first facet block for six hours and her overall improvement to the block was 10%. This duration of relief is not the length of time required by the ODG. Furthermore, only one therapeutic injection is recommended. Therefore, the requested lumbar facet injections times two are not appropriate or supported by the ODG and the previous adverse determinations should be upheld at this time.

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)**