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Notice of Independent Review Decision

**DATE OF REVIEW: 5/01/2013**

**IRO CASE #**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar ESI / Facet injection.

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

D.O. Board Certified in Anesthesiology and Pain Management.

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	4/11/2013
Utilization Review Findings	2/19/2013-4/02/2013
Radiology Report	8/04/2010-2/14/2012
Follow Up Medical Reports	2/19/2008-12/06/2012
Lumbar Myelogram and CT	9/16/2010
Radiology Report	2/06/2013
Operative Reports	3/27/2008-9/21/2010
Follow Up medical Report	9/30/2009
Progress Note	2/26/2010
Progress Note	11/19/2012



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**PATIENT CLINICAL HISTORY [SUMMARY]:**

Patient is a male who had a work related injury on xx/xx/xx, while he was shoveling. Patient was initially treated conservatively with physical therapy and epidural steroid injections with little success, he also underwent a lumbar decompression at L4-L5 in 2008. Patient did undergo physical therapy postoperatively with very little success. Patient had an MRI done on 02/14/2012 that showed minimal changes about the left lamina mainly at L3-L4 and L4-L5 and L5-S1. Since the last study there is a slight increased broad based disc protrusion from 3-4 mm is noted from L1-L2 to L3-L4 levels and associated with borderline spinal canal stenosis, moderate bilateral foraminal narrowing is noted from L1-L2 to L3-L4 most pronounced at L3-L4, slight increase disc bulge/protrusion is also noted at L4-L5 increasing from 2 to 3 mm with minimal bilateral foraminal narrowing. A persistent 2-3 mm soft tissue disc bulge/protrusion is noted at L5-S1. X-ray done on 02/06/2013 showed mild degenerative disc disease at L3-L4. Patient is presently taking oxycodone and soma. Patient is a smoker 1/2 pack per day. On physical exam patient showed a decrease range of motion in the lumbar spine secondary to pain, motor exam showed 4/5 strength, deep tendon reflexes +1 in the knee jerk on the left, otherwise +2 throughout and symmetrical. Gait was antalgic, positive leg raise test on the left at 40 degrees, sensory exam was normal.

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

Per ODG references the request for Lumbar ESI / Lumbar Facet Injection is not medically necessary. ODG do not recommend same-day injections of epidural and facet block. Although patient has a history of low back pain and post laminectomy syndrome, there is no indication of length of time the patient experienced relief in symptoms or percentage of pain relief after epidural steroid therapy, also it is not clear if the patient has failed current conservative therapies to include physical therapy, muscle relaxant, NSAID's. Guidelines also state no more than 2 nerve root levels should be injected in one (1) session, and if, after initial blocks are given, the patient must produce pain relief of at least 50 percent to 70 percent within at least 6 to 8 weeks post-injection for additional blocks to be supported. Therefore it is not recommended to perform epidural blocks on the same day of treatment as facet blocks as this may lead to improper diagnosis or unnecessary treatments.

**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 KNOWLEDGE BASE
- 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