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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/06/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar facet joint block L4/5, L5/S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiologist and Pain Medicine

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 lumbar facet joint block L4/5, L5/S1 is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination dated 07/02/13, 07/26/13
Prospective IRO review response dated 09/16/13
Appeal/reconsideration acknowledgement letter dated 07/19/13
Radiographic report dated 12/19/12, 04/10/13
Lab report dated 04/18/13
MRI lumbar spine dated 05/23/12, 04/10/13
Operative report dated 01/04/13
Office note dated 03/28/13, 06/07/13, 08/14/12, 12/07/12, 09/04/12, 11/12/12, 01/03/13, 01/11/13, 02/14/13, 04/19/13, 08/23/13
Initial outpatient consultation dated 05/09/13
Procedure report dated 05/15/13
Handwritten physical therapy evaluation dated 04/30/12
Therapy treatment plan dated 11/13/12
Daily progress note dated 03/07/13, 03/08/13, 03/11/13, 03/12/13, 03/13/13, 03/18/13, 03/19/13, 03/20/13, 03/22/13, 03/25/13, 03/26/13, 03/27/13, 05/10/12, 05/09/12, 05/08/12, 05/03/12, 05/02/12, 05/01/12
PPE dated 03/29/13
Initial evaluation dated 06/19/13, 09/05/13
EMG/NCV dated 06/26/12

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient stepped in a hole. EMG/NCV dated 06/26/12 revealed electrical evidence of a left L5 and/or S1 radiculopathy. The patient underwent left transforaminal

lumbar epidural steroid injection at L4-5 and L5-S1 on 08/14/12 with only one day of improvement. Note dated 12/07/12 indicates that the patient underwent physical therapy and epidural steroid injection with no significant improvement in symptomatology. The patient underwent lumbar microdiscectomy, laminectomy, foraminotomy and partial facetectomy at L5-S1 on the left on 01/04/13.

MRI of the lumbar spine dated 04/10/13 revealed at L4-5 there is a 4.5-5 mm central to right central disc protrusion to early herniation with slight impression on anterior dura and marginal impression on right L5 nerve root. There is mild central stenosis, slight superior lateral recess stenosis and no neural foraminal stenosis. The facets are normal. At L5-S1 there are postoperative changes, no spondylolysis but there is a 5-6 mm anterior S1 on L5 spondylolisthesis and there is a 4 mm central disc protrusion that does not enhance over intervertebral disc. The right facets are normal. Note dated 06/07/13 indicates that the patient complains of low back pain with radiation into the left lower extremity. Motor exam reveals 4/5 strength of the gastrocnemius on the left, otherwise 5/5 throughout. Deep tendon reflexes are +1 ankle jerk on the left, otherwise +2 throughout and symmetrical. Straight leg raising is positive on the left at 45 degrees. Diagnoses include lumbar radiculitis and lumbar facet syndrome. Physical examination on 08/23/13 is unchanged except that straight leg raising is now positive at 40 degrees on the left. The patient was recommended for possible evaluation for epidural steroid therapy.

Initial request for lumbar facet joint block L4-5, L5-S1 was non-certified on 07/02/13 noting that the patient's diagnostic imaging does not note evidence of facet-mediated pain. The claimant has had prior documentation of radicular symptoms. There has not been recent documentation of failure of lower levels of care, such as notes from the physical therapy provided or documentation of activity modification recently as would be required by guidelines. The denial was upheld on appeal dated 07/26/13 noting that the physical examination findings documented the claimant has left leg radicular symptoms with loss of left ankle jerk, decreased sensation in an S1 distribution and a positive straight leg raise test. The MRI also documents some possible neural compression. The facet joint findings on plain x-rays do not appear to be the main causative factor of the claimant's symptoms.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient presents with radicular findings on physical examination as well as diagnoses to include lumbar radiculopathy/radiculitis. The Official Disability Guidelines note that facet joint injections are limited to patients with low back pain that is non-radicular. There is no indication that the patient has undergone any recent active treatment. The submitted lumbar MRI notes that lumbar facet joints are normal at the requested levels. As such, it is the opinion of the reviewer that the request lumbar facet joint block L4/5, L5/S1 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)