

Notice of Independent Review Decision

**DATE OF REVIEW: 09/06/2013**

**IRO CASE #:**

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

Bilateral lumbar facet injections L2-3 and L5-S1, CPT: 64493, 64494, 64495, 72003, 99144

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

The TMF physician reviewer is board certified in anesthesia and pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

**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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the Bilateral lumbar facet injections L2-3 and L5-S1, CPT: 64493, 64494, 64495, 72003, 99144 are medically necessary to treat this patient's medical condition.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Information for requesting a review by an IRO – 08/22/13
- Decision letter – 07/17/13, 08/19/13
- Letter to The Designated Doctor – 02/06/13
- Letter – 06/26/13

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker sustained a work related injury on xx/xx/xx when he felt a pop in his lower back. An MRI revealed annular tears at L2-3 and L4-5 plus some degenerative disc disease in the lower lumbar area. EMG and nerve conduction studies revealed no neurological deficits but the patient is still symptomatic. He has been treated with medications, physical therapy and injections. There is a request for the patient to undergo bilateral lumbar facet injections at L2-3 and L5-S1.

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

Previous reviews have denied the procedure based on:

1. *Radiculopathy is present.*  
Opinion: The treating physician clearly states that leg pain has resolved after ESI and no radiculopathy is present. Criteria met.
2. *Conservative measures (PT, etc.) have not been documented.*  
Opinion: There has been PT and chiropractic care. Criteria met.
3. *ODG requires median branch blocks (MBB) which are not specified in request.*  
Opinion: The ODG does not state that intra-articular facet blocks are not indicated. There is evidence that MBB may be more accurate as a diagnostic tool but intra-articular facet blocks are acceptable per ODG. Criteria met.
4. *Requesting facet injections at L2-3 and L5-S1 are not reasonable for low back pain.*  
Opinion: The criteria used for this request is ODG. The ODG does not state that facet levels should be adjacent. It is unusual to request non-adjacent levels, but since ODG is the source for approving the procedure and there are no specifics in the ODG regarding adjacent facet levels, it is reasonable to approve the procedure.

**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)