

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Sep/12/2013

### IRO CASE #:

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

Outpatient Diagnostic Lumbar Facet Bilateral L4/L5 Under Anesthesia with Fluoroscopy

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

Board Certified PM&R

Board Certified 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.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Functional capacity assessments dated 09/14/12 & 06/05/12

MRI of the lumbar spine with unclear date due to poor copy quality

Electrodiagnostic report dated 10/01/12

Clinical report dated 09/10/12

Clinical report dated 03/28/13

Letter of reconsideration dated 05/17/13

Prior reviews dated 05/09/13 & 05/23/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who originally sustained an injury on xx/xx/xx. The patient has been followed for complaints of low back pain radiating to the lower extremities. Prior electrodiagnostic studies were negative for evidence of lumbar radiculopathy. It does appear that the patient had MRI studies completed; however, these could not be interpreted due to poor copy quality. The patient was seen on 03/28/13. The patient reported ongoing complaints of low back pain and discomfort with numbness and burning sensations in the lower extremities. The patient's physical examination demonstrated loss of lumbar range of motion on flexion. There were paraspinal muscle spasms noted at 2+. It appears that the patient did not want invasive procedures at this visit. There was a letter of reconsideration on 05/17/13 which stated that the patient had continued loss of range of motion in the extension portion of the lumbar spine.

The requested diagnostic facet injections with anesthesia was denied by utilization review on 05/09/13 as there were continuing radicular processes that would contradict the proposed treatment.

The request was again denied by utilization review as there was no indication that rhizotomy procedures were anticipated.

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

The patient has been followed for complaints of low back pain with a burning and numbness sensation in the lower extremities. Prior electrodiagnostic studies have ruled out evidence of lumbar radiculopathy and the patient does not present with any objective findings consistent with lumbar radiculopathy. Although radiculopathy is not clearly present on this patient contradicting facet injections, in this case, the clinical documentation itself does not meet guideline recommendations regarding diagnostic medial branch blocks for facet mediated pain. The patient's only recent objective finding failed to identify any clear objective findings consistent with facet-mediated pain. There was no clear tenderness to palpation over the facets or evidence of pain with facet loading. It is unclear to date what conservative treatment the patient has reasonably completed and the documentation did not indicate if the patient was being considered for possible lumbar rhizotomy if there was diagnostic responses to injections. As the clinical documentation provided for review does not clearly meet guideline recommendations regarding medial branch blocks or facet blocks to support the diagnosis of facet mediated pain, it is this reviewer's opinion that medical necessity per the guidelines has not been established.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**