



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

Notice of Independent Review Decision

DATE OF REVIEW: 12/02/2014

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Injection Under Fluoroscopy with IV Sedation at L3-4, L4-5, L5-S1.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained a work related injury on xx/xx/xx. Presently patient is complaining of low back pain more on the left side. Patient did have an MRI of the lumbar spine, which was significant for lumbar herniation to the left at L5-S1 compromising the exiting S1 nerve root. An NCV/EMG of bilateral lower extremities was performed showing bilateral peroneal motor neuropathy across the fibular head, bilateral tibial motor neuropathy, and left sided L5 radiculitis. Patient had prior treatments to include lumbar epidural steroid injection, physical therapy, and pharmacotherapy. The last physical exam showed tenderness over the L4-L5 and L5-S1 facet joints, aggravated with side bending, and extension at 20 degrees. Also patient has a history of anxiety. Treating physician is recommending lumbar facet injection with IV sedation at three levels on the left side L3-L4, L4-L5, and L5-S1.

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

Per ODG references, the requested "Lumbar Facet Injection Under Fluoroscopy with IV Sedation at L3-4, L4-5, L5-S1" is partially medically necessary.



14785 Preston Road, Suite 550 | Dallas, Texas 75254
Phone: 214 732 9359 | Fax: 972 980 7836

After reviewing the submitted documents and the patient's last physical exam, lumbar facet injections on the left side with IV sedation are medically necessary, but only at two levels: L4-L5 and L5-S1. The requested service for L3-L4 is not medically necessary.

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

- 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