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Notice of Independent Review Decision

DATE OF REVIEW: December 23, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral facet injections at L4-5 and L5-S1 (01992, 77003, 64490, 64491, 64492, 64493 and 64495).

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

M.D., Board Certified in Orthopedic Surgery.

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)

The requested bilateral facet injections at L4-5 and L5-S1 are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 12/2/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 12/3/13.
3. Notice of Assignment of Independent Review Organization dated 12/3/13.
4. Denial documentation dated 9/20/13 and 11/18/13.
5. Letter dated 5/9/13.
6. Pre-authorization/certification request dated 9/17/13.
7. Letter dated 8/5/13.
8. Records dated 7/16/12, 12/10/12, 5/13/13 and 8/5/13.

9. Progress note dated 6/6/12.
10. MRI L-Spine dated 8/21/03, 9/19/05, 1/26/11 and 5/30/12.
11. Carrier Submission dated 12/6/13.
12. Clinic notes dated 8/12/03.
13. Clinic notes dated 7/10/03, 8/6/03, 8/12/03, 9/29/03, 10/30/03, 12/1/03, 2/4/04, 4/5/04, 5/5/04, 6/9/04, 7/8/04, 8/9/04, 9/13/04, 10/6/04, 10/28/04, 11/4/04, 11/29/04, 12/30/04, 1/31/05, 3/2/05 and 4/7/05.
14. Clinic notes dated 8/17/12, 9/10/12, 9/13/12, 9/14/12, 9/18/12, 9/20/12, and 9/21/12.
15. Clinic notes dated 7/10/04, 11/17/08 and 1/4/10.
16. Clinic notes dated 9/18/03, 10/20/03, 10/27/03, 11/3/03, 11/17/03, 1/5/04, 1/6/04, 1/7/04, 1/8/04, 1/9/04, 1/12/04, 1/14/04, 1/19/04, 1/21/04, 1/23/04, 1/26/04, 1/28/04, 1/30/04, 2/2/04, 2/4/04, 2/6/04, 2/9/04, 2/11/04, 2/18/04, 2/20/04, 2/23/04, 2/25/04, 2/27/04, 4/2/04, 7/8/04, 5/16/12 and 6/6/12.
17. Clinic notes dated 5/11/05, 6/17/05, 7/11/05, 8/8/05, 9/9/05, 9/23/05, 12/5/05, 1/30/06, 3/3/06, 3/31/06, 4/12/06, 5/15/06, 8/7/06, 10/2/06, 11/17/06, 1/5/07, 3/9/07, 6/1/07, 6/15/07, 8/6/07, 9/10/07, 10/5/07, 12/7/07, 1/7/08, 8/15/08, 12/4/08, 4/13/09, 7/13/09, 10/12/09, 2/8/10, 5/10/10, 8/9/10, 12/6/10, 1/17/11, 1/28/11, 4/29/11, 8/1/11, 11/28/11, 3/26/12, 4/27/12, 6/1/12, 7/3/12, 7/16/12, 8/20/12, 9/17/12, 10/1/12, 12/10/12, 3/11/13, 6/10/13 and 9/16/13.
18. Psychiatric Diagnostic Interview and Recommendations dated 9/18/03.
19. Behavioral Medicine Progress Note Outpatient Psychotherapy dated 10/20/03, 10/27/03, 11/3/03, 11/13/03 and 11/17/03.
20. Daily progress note – behavioral medicine dated 1/6/03, 1/7/03 1/5/04, 1/6/04, 1/7/04, 1/8/04 1/9/04.
21. Physical therapy evaluation and treatment plan dated 1/5/04.
22. Texas Workers' Compensation Work Status Report dated 4/27/12, 5/31/12, 7/3/12, 12/6/12, 6/5/13 and 9/11/13.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male with a date of injury of xx/xx/xx. The patient is status post L5-S1 fusion 1998 and removal of hardware in July 2000. The patient was improved for a short period of time following his surgery and then had low back pain and right lower extremity pain. Diagnosis was chronic pain syndrome secondary to post laminectomy or failed back syndrome. The electromyography report dated 10/30/07 documented no evidence of right lumbar sacral radiculopathy L2-S2 or peripheral neuropathy. The 6/6/12 office note noted that the CT scan showed a solid L5-S1 fusion with removal of hardware and mild L4-5 narrowing with probable decompression. The designated doctor's evaluation report dated 5/9/13 noted that injections of any kind were not medically necessary or reasonable as they would not be of benefit and facet injections are not supported by the Official Disability Guidelines for a fusion. It was also noted that injections had been unsuccessful in the past.

On 8/5/13, the patient reported low back pain and right lower extremity pain. The notes indicate that he was not improved with physical therapy. He was taking Lyrica and hydrocodone and he had intolerance to non-steroidal anti-inflammatory drugs (NSAIDS). The pain intensity was 8/10. Examination revealed tenderness to the lumbar sacral area, poor range of motion laterally,

hypoesthesias in the right lower extremity, loss of right ankle reflex and a positive straight leg raise. Diagnosis was failed back syndrome and post laminectomy syndrome. The provider recommended continued hydrocodone and bilateral facet injections at L4-5 and L5-S1. On 8/5/13, a provider of the patient authored a letter stating the patient had chronic intractable back pain as a result of post laminectomy syndrome.

An MRI of the lumbar spine dated 8/21/13 revealed grade II anterior listhesis of L5 on S1. There had been a decompressive laminectomy at this level. There was possible enhancement surrounding the thecal sac and L5 nerve roots bilaterally. There was elongation of the spinal canal. The neural foramina were significantly narrowed and elongated. There was extensive bilateral facet hypertrophy. There was 2mm generalized disc bulge at L4-5. There was no spinal stenosis or foraminal narrowing noted. On 9/16/13, the patient reported pain in the lumbar spine and bilateral legs associated with numbness in the left lower extremity. Examination revealed limited lumbar range of motion in all directions, 1+ patellar reflexes, positive stressing test was positive bilaterally and inability to heel toe walk. There was sensory loss in the lateral aspect of the left lower extremity. Bilateral facet injections at L4-5 and L5-S1 (01992, 77003, 64490, 64491, 64492, 64493 and 64495) have been requested.

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

In this case, the records indicate the patient has chronic pain that has been unrelieved with surgery and extensive treatment. There is documentation of extensive facet hypertrophy on imaging. Official Disability Guidelines indicate that facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. This patient had a previous fusion at L5-S1 and removal of hardware; thus, facet injections are not supported at this level. Moreover, the patient has had facet injections in the past without benefit; as such, he is not likely to respond to facet injections at L4-5. All told, facet injections at the levels requested are not supported by Official Disability Guidelines. In accordance with the above, I have determined that the requested bilateral facet injections at L4-5 and L5-S1 (01992, 77003, 64490, 64491, 64492, 64493 and 64495) are not medically necessary.

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)