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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L5-S1 facet joint injection

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

Board Certified Neurosurgery

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

Utilization review determination dated 01/03/14, 12/06/13

RME dated 11/07/13

Follow up note dated 05/25/12, 05/31/13, 01/27/12, 12/02/11, 11/11/11, 07/01/11, 12/03/10, 06/11/10, 12/14/09, 06/12/09, 12/08/08, 06/09/08, 12/14/07

Discharge summary dated 05/10/03

Radiographic report dated 05/08/03

Operative report dated 05/08/03

CT myelogram lumbar spine dated 12/01/11

Office visit note dated 12/21/12, 11/22/13

Operative report dated 01/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient was lifting and twisting at work and felt pain in his back. The patient underwent complete anterior discectomy and decompression of anterior epidural space and lateral recess with implantation of Link interbody device at L5-S1 on 05/08/03. Note dated 12/14/09 indicates that the patient is approximately 6 years following the Charite disc replacement. He still has numbness in the right lower leg but continues to work full time. Lumbar CT myelogram dated 12/01/11 revealed at L5-S1 there is marked degenerative facet hypertrophy bilaterally. There is subtle linear lucency extending ventrally through the right L5 superior articular facet extending to the hypertrophic facet joint; subtle fracture line is not excluded based on this appearance. The

study is somewhat limited by streak artifact. There is no central spinal stenosis at this level, but severe bilateral foraminal narrowing is demonstrated. The patient underwent right L5 transforaminal epidural steroid injection on 01/06/12, and the patient reported the injection markedly helped him. Note dated 01/27/12 indicates that the patient suffered a CVA which is described as a basilar stroke with facial weakness. Office visit note dated 05/31/13 indicates that he continue to have low back pain without significant leg pain. The patient continues to work full time and was recommended for a short course of physical therapy. RME dated 11/07/13 indicates that the most recent diagnosis is spinal stenosis, lumbar and degenerative lumbar or lumbosacral intervertebral discs and low back pain. These are appropriate diagnoses. It does not appear that the patient would require surgery at this time or at any time in relation to the date of injury in question. It is also noted that if the patient requires injections, this is due to progression of degenerative disease in the lumbar spine which is a disease of life, not a work-related condition. There is no indication for additional injections under the worker's comp system since the pathology responsible for the injections appear to be non-work related. Office visit note dated 11/22/13 indicates that the patient is having significant low back pain without leg pain. On physical examination there is decreased sensation. He has pain over the right L5-S1 facet joint.

Initial request for right L5-S1 facet joint injection was non-certified on 12/06/13 noting that the patient has intermittent radiculopathy on exam. The most current exam indicates this is present via findings of sensory loss. This is a contraindication to doing facet procedures at any level. The denial was upheld on appeal dated 01/03/14 noting that the patient has a diagnosis of lumbar spinal stenosis and evidence of radiculopathy on physical examination to include decreased sensation. Additionally, there is documentation that the patient has undergone previous epidural steroid injections with good results. There is no evidence submitted for review to support the patient's lack of pain relief with conservative care.

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

The patient sustained injuries on xx/xx/xx secondary to lifting and twisting. The patient subsequently underwent Charite disc replacement in 2003. The submitted records fail to provide documentation of recent active treatment. The patient presents with radicular findings on physical examination to include decreased sensation. The Official Disability Guidelines note that facet injections are limited to patients with low back pain that is non-radicular. As such, it is the opinion of the reviewer that the request for right L5-S1 facet joint injection is not recommended as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES