

P-IRO Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #203

Mansfield, TX 76063

Phone: (817) 405-0855

Fax: (214) 276-1787

Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/3/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In-office lumbar spine, facet block right L4-5 and L5-S1

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

Board Certified Anesthesiology

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:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped and fell on her back. MRI of the lumbar spine dated xxxxxx revealed at L4-5 there is mild disc degeneration with slightly narrowed disc space, bilateral facet arthritis with small amount of fluid in both facet joints. Diffuse bulging of the disc is seen causing minimal thecal sac compression without any foraminal encroachment. There is probably a small peripheral annular tear in the right paramidline portion of the annulus without any additional significant disc bulge. At L5-S1 there is minimal disc degeneration. Peripheral annular tear noted in the right dorsolateral portion of the annulus with a small subligamentous broad based disc herniation causing minimal pressure on the right nerve. Bilateral mild facet arthritis is noted with minimal fluid in both facet joints. Note dated 11/15/13 indicates that the patient has undergone multiple sessions of physical therapy with minimal or no help. Physical examination on this date notes heel and toe walking is good. Straight leg raising is negative bilaterally. There is facet pain on spine rotation/extension/flexion and palpation.

Initial request was non-certified on 12/05/13 noting that facet joint injections are not routinely recommended for therapeutic purposes. The physical examination findings have noted diagnostic evidence of nerve root impingement and disc herniation without true objective documentation of symptomatic lumbar facet pain. Full objective documentation of failure of conservative treatment such as oral medications used to date has not been provided. The denial was upheld on appeal dated 01/14/14 noting that without full objective documentation

of conservative treatment such as oral medication usage being provided, and PT notes, the request could not be supported. There is no documentation of home exercise, physical therapy, or NSAIDs prior to the procedure for at least 4 to 6 weeks.

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 a slip and fall. The submitted records fail to establish the patient's compliance with an independent home exercise program. The patient's current medication regimen is not documented. The Official Disability Guidelines require that there is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. As such, it is the opinion of the reviewer that the request for In-office lumbar spine, facet block right L4-5 and L5-S1 is not recommended as medically necessary.

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