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## Notice of Independent Review Decision

**DATE OF REVIEW:** 4/15/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of paravertebral facet injection X 2.

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

The reviewer is a Medical Doctor who is 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 reviewer agrees with the previous adverse determination regarding the medical necessity of paravertebral facet injection X 2.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The most recent clinical records document that the claimant is post the reported work related lumbar disc injury. The injury mechanism was not documented in the records provided for review. She is known to be status post L5-S1 discectomy. On 1/28/14, there was persistent low back pain with radiation down to the level below the knees along with numbness and tingling to the right side toes. This was despite multiple medications and treatment with trigger point and trochanteric bursa injections, along with a "bilateral lumbosacral medial

branch block at L5-S1” as noted on 6-14-13 previously. Exam findings have revealed gluteal tenderness and a negative straight leg raise along with and intact neurological exam overall. A consideration for epidural steroid injections was noted. On 1/31/13, reference was made to a lumbar MRI dated 1-22-13 revealed a prior circumferential fusion at L5-S1. There was facet hypertrophy at L4-5. Denial letters have documented that the claimant is status post lumbar fusion. Prior levels of fusion were noted to have not been documented. The denial opinion was that injections of facets at fusion levels are not guidelines supported. The prior medial branch blocks were noted to have only provided limited relief of pain and for 2 weeks.

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

The claimant has multiple findings compatible with at least radiculitis. In addition, the claimant has had a prior fusion at the L5-S1 level. Finally, a prior facet related injection (medial branch block) was only documented to be relatively efficacious for approximately 2 weeks. Applicable clinical guidelines referenced below will not tend to support the requested injections in the presence of radiculitis, a prior fusion and the lack of significant prior efficacy of at least six weeks. Therefore the requests are not supported as being medically reasonable or necessary at this time.

Reference: ODG Facet signs and symptom Theses-Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):

- (1) Tenderness to palpation in the paravertebral areas (over the facet region);
- (2) A normal sensory examination;
- (3) Absence of radicular findings, although pain may radiate below the knee;
- (4) Normal straight leg raising exam.

Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

ODG Facet Injections-Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:

1. No more than one therapeutic intra-articular block is recommended.

**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)**