

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/23/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: L3-4, L4-5 facet blocks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Neurological 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for L3-4, L4-5 facet blocks is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient stepped in a hole while walking and complained of low back pain. Note dated 10/16/13 indicates that the patient has completed some physical therapy which has helped some. The patient has a history of L4-5 lumbar fusion performed in 1988. Lumbar MRI dated 11/12/13 revealed at L3-4 there is diffuse disc bulge, bilateral facet arthropathy and ligamentum flavum thickening, mild neural foraminal narrowing and no canal stenosis. At L4-5 there is mild retrolisthesis of L4 over L5; diffuse disc bulge; severe bilateral facet arthropathy with fluid within the joint space; mild enhancement seen surrounding the facet joints at this level. Follow up note dated 01/22/14 indicates that he is no longer having leg pain and denies numbness and tingling. On physical examination there is mild tenderness to palpation of the lumbar spine. Range of motion of the lumbar spine is flexion 45, extension 5, bilateral lateral bending 10 degrees. Facet signs are positive. Straight leg raising is negative bilaterally. Motor exam reveals 4/5 left EHL weakness and left foot dorsiflexion weakness. Reflex is diminished to absent in the left ankle.

Initial request for L3-4, L4-5 facet blocks was non-certified on 02/20/14 noting that there are clear signs of neurological findings on examination such as abnormal reflexes and muscle weakness as well. There is limited evidence that the radiculopathy has been addressed prior to proceeding to the requested diagnostic injection. Facet injections are not recommended in the presence of radicular findings. Request for reconsideration dated 02/21/14 indicates that the patient has developed recurrent low back pain. He has tried NSAIDs, home exercise program and physical therapy. His radicular symptoms have improved, and the patient is having strictly back pain. The denial was upheld on appeal dated 03/26/14 noting that guidelines note that facet injections are not recommended for treatment of radicular symptoms. Although the claimant has positive facet mediated pain and clinical findings both on examination and imaging study, the claimant also has neurological findings on

examination with noted weakness and abnormal reflexes. The neurologic findings and possible etiology should be addressed prior to the performance of facet joint interventions.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries to the low back as a result of stepping in a hole on xx/xx/xx. The patient is noted to have a history of L4-5 lumbar fusion performed in 1988. The Official Disability Guidelines note that diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, the most recent follow up note dated 01/22/14 indicates that the patient presents with left L5 radiculopathy by exam. The Official Disability Guidelines note that facet blocks 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 L3-4, L4-5 facet blocks is not recommended as medically necessary.

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

ACOEM-AMERICA 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)