

# Applied Resolutions LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Oct/20/2014

**IRO CASE #:**

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

Facet block L5-S1 bilaterally, medial branch of the dorsal ramus for the lumbar spine

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

MD, Board Certified Anesthesiologist

**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.**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is xx/xx/xx. On this date he sustained a back injury. Lumbar MRI dated 01/21/14 revealed at L5-S1 there is an annular bulge and osteophyte complex, most pronounced on the left causing near obliteration of the left neural foramina. The patient underwent lumbar epidural steroid injection at L5-S1 on 04/09/14. Follow up note dated 05/09/14 indicates that the patient did not report any improvement following the epidural steroid injection. Post designated doctor required medical examination dated 08/28/14 indicates that per designated doctor evaluation, the patient should be considered for a second epidural steroid injection. Diagnosis is status post lumbar strain. At no time was there any evidence that this individual had significant structural damage or acute disc herniation referable to his lumbar spine injury. The patient reached maximum medical improvement as of 03/20/14 with 0% whole person impairment. Note dated 09/26/14 indicates that pain level is now 0-3/10. The patient complains of low back pain. The patient now states the epidural steroid injection helped with pain down the legs, but back pain persists. On physical examination there is facet pain on spine rotation/extension/flexion and palpation.

Initial request for facet block L5-S1 bilaterally, medial branch of the dorsal ramus for the lumbar spine was non-certified on 09/05/14 noting that there is no documentation in the physical therapy notes that the claimant has failed lower levels of care. The claimant has undergone a previous epidural steroid injection with relief of pain. There was no documentation in the most recent physical examination of any sensory loss or negative straight leg raising. The guidelines would not support these blocks without documentation of

a normal sensory examination and absence of radicular findings. The denial was upheld on appeal dated 09/18/14 noting that the most recent evaluation provided for review indicated the patient had complaints of radicular type symptoms with diminished deep tendon reflexes and a positive straight leg raise test. This indicates the patient has an active radiculopathy and facet blocks would not be supported. There is no documentation of failure of a home exercise program.

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

A designated doctor report stated that the patient should be considered for an additional epidural steroid injection to address radicular complaints. The Official Disability Guidelines note that facet blocks are limited to patients with low back pain that is non-radicular. Post designated doctor required medical examination dated 08/28/14 indicates that diagnosis is status post lumbar strain. At no time was there any evidence that this individual had significant structural damage or acute disc herniation referable to his lumbar spine injury. The patient reached maximum medical improvement as of 03/20/14 with 0% whole person impairment. There is no documented facet joint pathology on the patient's lumbar MRI. As such, it is the opinion of the reviewer that the request for facet block L5-S1 bilaterally, medial branch of the dorsal ramus for the lumbar spine 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**