



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:** 08/20/14

**IRO CASE #:**

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

64493 - Injection, facet joint/nerve; lumbar-sacral, sin  
64494 - Injection, facet joint/nerve; lumbar-sacral, sec 1

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

Board Certified in Orthopedic Surgery  
Designated Doctor

**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 or not medical necessity exists for each of the health care services in dispute:**

- 64493 - Injection, facet joint/nerve; lumbar-sacral, sin - Upheld
- 64494 - Injection, facet joint/nerve; lumbar-sacral, sec 1 - Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The female sustained an on the job injury which occurred on xx/xx/xx. The MRI April 23, 2013 demonstrates mild bilateral facet arthropathy at L4-5 and a central disc protrusion at L5-S1. first advocated the use of epidural injections for radiculopathy and did so on June 7, 2013 resulting in allegedly 60-70% improvement. The Designated Doctor opined that the extent of injury was a lumbar sprain with the L5-S1 disc herniation and the examinee's symptoms were felt to be consistent with L5-S1 disc

herniation, a new finding when comparing lumbar MRI 2008. maintained that diagnosis, until May 13, 2014 when he indicated that her pain may be coming from the facets though he stated that she still had a positive Kemp's test (if one believes this sign is predicted, it is for radiculopathy and disc injury). On June 10, 2014, once precertification had been withheld, it was indicated that the claimant had more back than leg pain, and stated that the axial back pain must be secondary to facet disease. has maintained the claimant as having a history of radiculopathy and disc injury, and there had been no specific findings as to facet disease.

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

Mere tenderness in the back does not confirm facet disease. Mere back pain does not confirm facet disease, and the attending has not documented any positive facet signs. The attending has not confirmed on examination the need for any further invasive treatment, and has not met the criteria by the ODG. Therefore the injections are neither reasonable or necessary; not just by failing to meet the criteria set forth in the ODG regarding radiculopathy, but the absence of confirmatory signs.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**