

**True Decisions Inc.**  
**An Independent Review Organization**  
512 W M L K Blvd. PMB 315  
Austin, TX 78701  
Email: [truedecisions@irosolutions.com](mailto:truedecisions@irosolutions.com)

Phone Number:  
(512) 298-4786

Fax Number:  
(512) 872-5099

**Notice of Independent Review Decision**

Case Number:

Date of Notice: 02/09/2015

**Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Orthopedic Surgery

**Description of the service or services in dispute:**

Bilateral L2/3, L3/4 facet joint injection with IV sedation

**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)

**Patient Clinical History (Summary)**

The patient is a male who sustained an injury on xx/xx/xx after trying to catch a falling box. The patient underwent prior lumbar fusion at L4-5 in 2000. The patient was followed for continuing complaints of low back pain without radiating pain to the lower extremities. The patient was treated with muscle relaxers and Tylenol 3. MRI of the lumbar spine from 11/24/14 noted some stenosis due to facet hypertrophy at multiple levels. There was facet hypertrophy at L2-3 and L3-4. The patient was seen on 01/02/15 with continuing complaints of low back pain. Physical examination noted no focal neurological deficits. Radiographs reportedly showed stable surgical changes at L4-5. Laboratory studies were recommended to rule out infection of the hardware. Following that facet joint injections would be recommended. The requested L3-4 and L4 the requested L2-3 and L3-4 facet joint injections were denied by utilization review on 01/08/15 and 01/14/15 as the physical examination findings were not clearly consistent with facet mediated pain and laboratory updated laboratory studies were not available ruling out concerns for infection. There was a note in a on 01/13/15 indicating the lab studies were normal.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been followed for continuing low back pain following the date of injury. This was initially treated with muscle relaxers and analgesics for pain. The clinical documentation did not include any

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indication that the patient was referred for physical therapy. The clinical documentation also did not discuss whether the patient would continue with facet rhizotomy procedures if joint inject facet joint injections provided any significant relief. As a therapeutic option, lumbar facet injections are not well supported in the clinical literature. Although the patient had normal laboratory studies documented in the clinical records the physical examination findings were not clearly consistent with facetogenic pain. Overall the clinical documentation submitted for review did not meet guideline recommendations regarding the proposed procedures. Therefore it is the opinion of this reviewer that medical necessity for the request is not established and the prior denials are upheld.

### ***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
  
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)