

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 02/23/2015

Review Outcome:

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

Anesthesiology

Description of the service or services in dispute:

Outpatient lumbar facet injection second level bilateral L3-S1

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 whose date of injury is xx/xx/xx. The patient reports that he was bending over and felt a sharp pain in his back. MRI of the lumbar spine dated 08/22/14 revealed degenerative changes of the lumbar spine, multilevel disc bulging causes no significant central canal stenosis. There are foraminal disc protrusions at L3-4 that cause moderate left and moderate to severe right neural foraminal narrowing with contact of the exiting L3 nerve roots. There is mild to moderate bilateral neural foraminal narrowing at L4-5 with a left foraminal/lateral disc protrusion approximating the exiting left L4 nerve root. There is mild disc desiccation at L4-5 and L5-S1 without loss of disc height. There is mild multilevel facet degeneration. Treatment to date includes Toradol injection on 09/02/14, bilateral L4 transforaminal epidural steroid injection on 09/17/14, lumbar transforaminal epidural steroid injection S1 on 10/29/14, bilateral sacroiliac joint injection on 12/17/14. Letter of medical necessity dated 01/28/15 indicates that a series of diagnostic/potentially therapeutic injections were offered in order to reduce impairment and improve function. Bilateral L4 TFESI on 09/17/14 reduced his sensory symptoms in his legs, but axial pain persisted. He had bilateral S1 TFESI that had no effect on his symptoms. Bilateral sacroiliac joint injections on 12/17/14 were performed with minimal relief. As of 12/29/14 the patient had primarily lower lumbar axis pain. He was tender to palpation from L3 spinous processes to the sacral promontory. Lumbar active range of motion was reduced in extension and rotation. Office visit note dated 02/03/15 indicates that his leg pain is better, but he still has numbness and tingling in the posterior thigh/buttocks and feet. Current medications are listed as Norco, cyclobenzaprine, chlorpromazine, gabapentin, ibuprofen, tramadol, simvastatin and lisinopril. On physical examination gait and tandem gait is within normal limits. Lumbar range of motion is reduced in extension and rotation. Sensation is intact except decreased sensation on bilateral anterior and lateral thighs in an L4 and L5 distribution. Deep tendon reflexes are 2+ throughout. Straight leg raising is negative bilaterally.

Initial request for outpatient lumbar facet injection second level bilateral L3-S1 was non-certified on 01/05/15 noting that the claimant's radicular pain continued with objective findings of radiculopathy on physical examination. No more than two joint levels should be injected at one time. The request is for a three to four level injection. The denial was upheld on appeal dated 01/14/15 noting that there should be documentation of failure of lower levels of care for four to six weeks. There was no documentation of physical therapy notes or indication of the performance of a home exercise program. The most recent physical examination documented sensory loss. The request is for more than two facet joint levels.

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

The patient sustained injuries on 07/22/14 and has received treatment in the form of lumbar epidural steroid injections and sacroiliac joint injection. The Official Disability Guidelines require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There are no physical therapy records provided and there is no indication that the patient is compliant with a home exercise program. The request is excessive as the Official Disability Guidelines note that no more than 2 facet joint levels should be injected in one session. As such, it is the opinion of the reviewer that the request for outpatient lumbar facet injection second level bilateral L3-S1 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 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 Medical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)