

**Envoy Medical Systems, LP
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IRO Certificate #4599**

DATE OF REVIEW: 5/26/16

IRO CASE NO.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet Injection, L4-S1, Lumbar Spine, Outpatient, CPT 64493, 64494

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

Physician Board Certified in Anesthesiology & Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overtured (Disagree)

Partially Overtured (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY SUMMARY

Patient is male who sustained a work related injury in XX/XXXX. He has persistent lumbar pain. MRI was reported to show degenerative findings worse at L5-S1. There is also a right L5 protrusion contacting the L5 nerve root. Mild facet disease was seen at L4-5 and S1. At an office visit the claimant reported that the primary pain was in the low back. Physical therapy has been utilized. There is also persistent neck pain and facet injections at bilateral C5-6 and 6-7 performed on XX/XX/XX. The most recent office visit XX/XX/XX describes cervical pain with no additional information regarding lumbar facet issues.

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

Opinion: I agree with the benefit company's decision to deny the requested service.

Rationale: A previous reviewer denied the request due to lack of documentation of failure of physical therapy and lack of information regarding levels requested. Those issues have been clarified. Physical therapy has been performed and the levels were specified as L4-5 and L5-S1. Other reviewers have denied the request since physical examination evidence of presumed facet pain was not documented.

At the office visit on XX/XX/XX it was noted pain with facet loading but no tenderness was noted in the vertebral area. At the XX/XX/XX office visit no back examination was performed.

ODG suggested indicators of pain related to facet joint pathology include: 1) tenderness to palpation in the paravertebral area over the facet region; 2) predominant axial low back pain; 3) absence of radicular findings in a dermatomal distribution although pain may radiate below the knee.

As noted by two previous reviewers, indicator #1 has not been documented. ODG are not met for the requested procedure due to lack of documentation of tenderness in the paravertebral areas over the lumbar facets.

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

ACOEM-AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL
MEDICINE UM KNOWLEDGE BASE

AHCPR-AGENCY FOR HEALTH CARE 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 & EXPERTISE IN ACCORDANCE WITH
ACCEPTED MEDICAL STANDARDS X**

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES X

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 DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES
(PROVIDE DESCRIPTION)