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DATE NOTICE SENT TO ALL PARTIES: Mar/17/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: outpatient right sided L4-5 and L5-S1 facet injections and right sided SI injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: DO, Board Certified Physical Medicine and Rehabilitation.

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

[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for outpatient right sided L4-5 and L5-S1 facet injections and right sided SI injection is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is XX/XX/XX. The patient was injured when he bent over to load a dolly at work. MRI of the lumbar spine dated XX/XX/XX revealed at L4-5 there is an approximately 3.2 mm circumferential disc bulge and facet hypertrophy with mild effacement of the thecal sac and minor bilateral neural foraminal narrowing. At L5-S1 there is an approximately 1.8 mm broad based disc bulge and mild facet hypertrophy with minor bilateral neural foraminal narrowing. The patient underwent right SI injection on XX/XX/XX and XX/XX/XX. Note dated XX/XX/XX indicates that the patient was placed at MMI in XX/XXXX and assigned 5% whole person impairment. Note dated XX/XX/XX indicates that the patient continues to work without restrictions. He received an SI joint injection 3 months ago and continues to report substantial improvement. Office visit note dated XX/XX/XX indicates that the patient complains of pain in the lumbar region. Pain is worse with bending. Current medication is Norco. On physical examination there is tenderness over the right SI joint to palpation. Strength is 5/5 in the lower extremities. Deep tendon reflexes are 1/4 bilaterally. Sensation is intact. Gillet and sacral thrust are positive. Straight leg raising is negative bilaterally. It is reported that facet injections and SI injections have been approved by the carrier in the past and allowed him to perform work and home activities of daily living with less pain for > 6 months.

Initial request for outpatient right sided L4-5 and L5-S1 facet injections and right sided SI injection was non-certified on XX/XX/XX noting that signs and symptoms of facet pathology are not documented. Procedures not supported for therapeutic use. Request does not meet criteria for sacroiliac joint block as signs and symptoms of sacroiliac pathology are not documented. The denial was upheld on appeal dated XX/XX/XX noting that there is no clear evidence of a facetogenic etiology for the back pain. There is no facet loading documented.

There is no indication of pain with hyperextension/lateral bending/rotation of the lumbar

spine. As relates to the SI joint, there is no documentation of an inflammatory sacroiliac joint disorder. The guidelines do not recommend therapeutic SI joint injection unless there is an inflammatory joint condition such as a rheumatologic disorder

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: In regards to SI injection, the Official Disability Guidelines note that sacroiliac joint injections are not recommended for non-inflammatory sacroiliac pathology based on insufficient evidence. They are recommended on a case-by-case basis for inflammatory spondyloarthropathy (sacroiliitis) which is not documented in this case. In regards to facet injections, there is no specific information provided regarding prior facet injections. There is no documentation of failure of conservative treatment prior to the procedure for at least 4-6 weeks as required by the Official Disability Guidelines. There is no documentation of any recent active treatment. The patient has reportedly been placed at maximum medical improvement with 5% whole person impairment. As such, it is the opinion of the reviewer that the request for outpatient right sided L4-5 and L5-S1 facet injections and right sided SI injection is not recommended as medically necessary 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] 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 A DESCRIPTION)

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