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DATE NOTICE SENT TO ALL PARTIES: May/13/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 diagnostic lumbar facet injection with fluoroscopy and monitored anesthesia of right L3-4, as an outpatient

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD Board Certified Anesthesiology

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 medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 1 diagnostic lumbar facet injection with fluoroscopy and monitored anesthesia of right L3-4, as an outpatient is not recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is listed as XX/XX/XX. The mechanism of injury is not described. Office visit note dated XX/XX/XX indicates that the patient complains of bilateral upper lumbar, bilateral mid-lumbar and bilateral lower lumbar pain. Current VAS is 8/10. The patient underwent lumbar facet injection on XX/XX/XX at the bilateral L2-3 and L3-4 facets. The patient had a positive steroid response with 50% relief of usual pain which lasted for 7 days. Current medications are listed as Tramadol, Butalbital compound, diclofenac sodium, and methocarbamol. On physical examination pinprick sensation is increased in the bilateral T11-12 and T10-11 dermatomes. Motor testing showed no evidence of any weakness L1-S1. Deep tendon reflexes are 2+ bilateral patellar reflexes and 1+ bilateral Achilles. Straight leg raising is negative bilaterally. The patient was recommended to undergo bilateral L2 and L3 medial branch block (L3-4 facet).

Initial request for 1 diagnostic lumbar facet injection with fluoroscopy and monitored anesthesia of right L3-4 as an outpatient was non-certified on XX/XX/XX noting that the claimant has ongoing low back pain. There was prior facet blockade with good response. There is now a request for repeating the testing to assess the claimant's response on a second occasion, and if again there are favorable results, the claimant might be a candidate for RFA. However, the request is made to be done with sedation and guidelines do not recommend sedation be used. The denial was upheld on appeal dated XX/XX/XX noting that the patient has low back pain unresponsive to medications and only temporary response to facet blocks at L2-5 bilaterally. There is no documentation that the patient has failed PT. There is no MRI.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on XX/XX/XX due to an unknown mechanism of injury. There is no documentation of completion of a course of physical therapy. The Official Disability Guidelines require documentation of

failure of conservative treatment prior to the procedure for at least 4-6 weeks. The patient underwent prior lumbar facet injections at the bilateral L2-3 and L3-4 levels.

The Official Disability Guidelines would support one set of blocks and do not support a confirmatory set of blocks. Additionally, the Official Disability Guidelines note that the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The submitted records fail to document extreme anxiety in this case. As such, it is the opinion of the reviewer that the request for 1 diagnostic lumbar facet injection with fluoroscopy and monitored anesthesia of right L3-4, as an outpatient 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

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

MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

MILLIMAN CARE GUIDELINES

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)