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**DATE OF REVIEW: 1/19/2016**

**IRO CASE #**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar spine bilateral L4-L5, L5-S1 facet injections.

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

**D.O. Board Certified in Anesthesiology and Pain Management.**

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]**

Patient is a male who had work related injury on XX/XX/XX after which he complained of back pain. Patient was diagnosed with lumbar sprain. Treatment included six sessions of physical therapy and medications to include Lisinopril, Allopurinol, Zocor, Cymbalta, Tramadol, Naproxen and Flexeril.

Physical exam dated XX/XX/XX noted pain rated 5/10, 5/5 strength, straight leg raise testing was negative. Bilateral Faber test positive. Limitations in lumbar flexion, extension and lateral bending. Positive tenderness at lumbar paraspinal muscle with no associated spasm. MRI showed minimal disc dessication with small bulge at L5-S1, with no significant neuroforaminal or central canal narrowing.

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

Per ODG references the requested" Lumbar spine bilateral L4-L5, L5-S1 facet injections Is not medically necessary.  
Physical examination was not consistent with symptomatic lumbar facet disease. There was no evidence of facet arthropathy on the MRI. There was no documentation supporting full exhaustion of conservative treatment, therefore the request is not certified.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR**



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**OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- 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