

# Applied Assessments LLC

An Independent Review Organization

900 Walnut Creek Ste. 100 #277

Mansfield, TX 76063

Phone: (512) 333-2366

Fax: (888) 402-4676

Email: admin@appliedassessmentstx.com

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**IRO CASE #: XXXX**

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

Lumbar facet block L5/S1, L4/L5 medial branch of the dorsal ramus on the left.

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

## **REVIEW OUTCOME:**

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

- |  |                                |
|--|--------------------------------|
| <input checked="" type="checkbox"/> Overturned | Disagree                       |
| <input type="checkbox"/> Partially Overturned  | Agree in part/Disagree in part |
| <input type="checkbox"/> Upheld                | Agree                          |

**PATIENT CLINICAL HISTORY [SUMMARY]:** This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed a XXXX. The patient's diagnoses included sprain of the ligaments of the lumbar spine. The patient was seen multiple diagnostic studies were performed to include an MRI of the spine. No acute fractures or malalignment were identified. They were degenerative changes throughout the spine and a disc bulge identified in the L5-S1 the patient was evaluated on XXXX. Was noted that the patient had been treated with physical therapy and medications without pain relief. Objective findings included positive axial loading of the lumbar spine, pain in the lumbar facets on the left at the L5-S1 and L4-L5 and a positive straight leg raising test on the left side. The treatment plan included medial branch block for diagnostic purposes to assess if the patient was a candidate for radiofrequency ablation. It was also noted that a chronic pain program should be considered as the patient was note working and suffering from depression. This request was reviewed, and an adverse determination was provided on XXXX due to the patient's psychiatric overlay. On the date of injury in the XX. The patient underwent a functional capacity evaluation on XXXX it was determined that the patient rated at a medium physical demand level and XXXX job was classified within the heavy physical demand category. The patient was again evaluated on XXXX with ongoing low back pain and neck pain complaints. The patient reported pain levels at 7-9 out of 10. It was noted that the patient had not had significant changes in physical exam findings. The plan was to appeal the determination patient was again evaluated on XXXX with ongoing complaints of low back pain and upper back pain. No significant changes in the physical exam findings were documented. The treatment plan included continuing to appeal the adverse determination. A letter of adverse determination was provided on XXXX due to evidence of radiculopathy and a positive Waddell sign a request for an independent review was submitted.

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

The Official Disability Guidelines recommend diagnostic facet injections to assess the appropriateness of a facet neurotomy. These injections should be limited to patients with non-radicular symptoms who have failed nonoperative treatment. The clinical documentation submitted for review does indicate that the patient has been treated with physical therapy and medications and continues to have significant pain complaints. The patient's physical exam findings as documented on XXXX identifies facet mediated pain although the patient does have a positive straight leg raising test this does not confirm a diagnosis of radiculopathy. Additionally, the submitted to does not identify nerve root compression or significant neural foraminal stenosis. The documentation does reflect that the patient has psychiatric overlay related to an inability to return to work. Given the potential for pain relief resulting from the treatment plan, further functional restoration may be attempted. The patient's psychiatric overlay does not preclude the patient from diagnostic injections. As such, the previous denial is overturned and the request for a lumbar facet block at the L4- L5 and L5-S1 medial branch of the dorsal ramus on the left is medically necessary and certified.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back Chapter, Facet joint diagnostic blocks (injections)