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**IRO REVIEWER REPORT**

**April 1, 2019**

**IRO CASE #: XX**

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

XX XX XX XX/XX on XX CPT-XX, XX, XX, XX, XX

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

This case was reviewed by a Board-Certified Physical Medicine and Rehabilitation with sub-certification in Pain Medicine who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

**REVIEW OUTCOME:**

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

X      Overturned      (Disagree)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX-year-old XX who sustained injury on XX when XX XX an XX and injured XX XX XX. XX is having persistent XX XX pain that went to the XX, more on the XX than the XX. XX was repeatedly described as not having any XX. XX also was known to have XX surgery in XX or XX. X-rays on XX showed multiple levels of XX changes including the facet joints at XX/XX. The XX MRI done on XX showed XX at XX/XX with post-operative changes. There XX XX and XX changes at higher levels. There was an XX/XX disc XX that reached and narrowed the XX XX and XX XX, but no direct description of any nerve root compromise.

The patient tried and did not improve with medications and XX therapy. A decision was made for an ESI, and a XX ESI was done on XX without any relief. XX appeared to have more XX XX pain after the ESI than before. While most of the examinations reported no neurological abnormalities, the note dated XX mentioned reduced sensation in the XX XX/XX XX and a positive XX (the pain site was not described). The examinations from and after XX described facet pain and tenderness in the XX region at XX/XX level on the XX. Decreased flexion, extension, and rotation of the XX XX. The plan was XX XX-XX XX facet medial branch block as a diagnostic measure and if successful XX XX with XX therapy. XX underwent a diagnostic facet medial branch block on XX with 70% of relief.

The request for the follow up XX XX (XX) on XX XX-XX was denied because the requested procedure was with XX XX. There were no responses from the treating physician to discuss this after several attempts. XX wrote on XX that XX needed sedation for the ESI because XX has "XX about XX."

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

Based on Official Disability Guidelines (ODG), the criteria for use of facet joint XX XX, treatment requires a diagnosis of facet joint pain using a medial branch block. Furthermore, ODG indicates the only justification for the XX is to determine the appropriateness for the XX XX (XX) (XX). Based on the review of records, there is documentation of facet pain as a clinical diagnosis confirmed by the Medial Branch Block (MBB) performed on XX with 70% pain relief, which meets the ODG criteria of adequate pain response. Additionally, XX noted on XX that this patient had XX issues with XX, and the XX is performed with needles. XX injection is used to produce XX or XX and relieve XX before surgery or certain procedures. When XX is used before surgery, the patient will not remember some of the details about the procedure. XX injection is also used as an anesthesia to produce loss of consciousness before and during surgery. As a result, the requested XX XX XX at XX/XX on XX with XX XX is medically necessary and appropriate in this case.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

XX XX Chapter – (updated 3/26/2019)

Facet joint XX XX

Criteria for use of facet joint XX XX:

XX