

# Clear Resolutions Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

AUGUST 2, 2007

## **IRO CASE #:**

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

ACS services and nerve blocks

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

Board Certified Orthopedic Surgeon

## **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)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Lumbar spine MRI, 06/05/06

Office notes, Dr., 06/30/06, 07/10/06, 07/31/06, 08/23/06, 09/06/06, 10/13/06, 11/15/06

Cervical spine MRI, 07/26/06, 12/11/06, 12/27/06, 01/10/07, 01/24/07, 02/21/07, 03/21/07, 04/20/07, 05/04/07 and 06/04/07

Procedures, 09/28/06, 10/30/06

Utilization review determination, 06/18/07

Reconsideration/appeal of adverse determination, Dr., 07/11/07

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who suffered a fall on xx/xx/xx from which he landed supine, with loss of consciousness and respiratory arrest. He reportedly had cardio-pulmonary resuscitation on site and thereafter complained of back pain in the cervical, thoracic and lumbar spines. An MRI of the lumbar spine on 06/05/06 showed degenerative disc disease at L5-S1 with posterior annular fissure and a small superimposed central disc protrusion. An MRI of the cervical spine on 07/26/06 was normal. The claimant treated conservatively with activity modification, medications, physical therapy, epidural steroid

injection, facet blocks and selective nerve root blocks without significant relief. His cervical symptoms resolved over time but his lumbar symptoms exacerbated and included intermittent sensory, motor and reflex changes. Dr. repeatedly requested authorization of a lumbar discogram which was denied by utilization review. Examination of the claimant on 06/04/07 found generalized global decreased sensation throughout the entire left leg, decreased strength of the left extensor hallucis longus and anterior tibialis, positive straight leg raise bilaterally and positive test bilaterally as well as decreased reflexes in the left patella and Achilles. The claimant also complained of right testicular pain and spasm. Dr. again requested authorization of a lumbar discogram but in the interim requested authorization of a right sided pudendal nerve block.

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

Ambulatory care services and nerve block do not appear to be medically necessary or reasonable. There are no clear physical examination findings which would demonstrate that administering such a block would provide relief as there are no focal neurologic lesions in a dermatomal or myotomal pattern correlated with MRI findings. There is also urogenital dysfunction noted but no examination within the patient's pelvic floor. The Reviewer does not think a pudendal nerve block and ACS services will provide any benefit in this clinical scenario.

Official Disability Guidelines do not address pudendal nerve blocks.

Scrotal Pain as the Presenting Symptom of Lumbar Disc Herniation: A Report of 2 Cases, Case Report. Spine. 30(2):E47-E49, January 15, 2005. Wouda, Ernest J. MD; Leenstra, Sieger MD, PhD; Vanneste, Jan A. L. MD, PhD

**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
- 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
  - Scrotal Pain as the Presenting Symptom of Lumbar Disc Herniation: A Report of 2 Cases, Case Report. Spine. 30(2):E47-E49, January 15, 2005. Wouda, Ernest J. MD; Leenstra, Sieger MD, PhD; Vanneste, Jan A. L. MD, PhD
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)