



Notice of Independent Review Decision

DATE OF REVIEW: 12/5/07

AMENDED DATE: 12/12/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied pars inter articularis blocks bilaterally at L5.

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

Texas License 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)

The previously denied request for pars inter articularis blocks bilaterally at L5.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Nurse UM Summary, undated
- Office note, Drs. 06/25/07
- Physical therapy request, 06/25/07, 07/02/06
- Physical therapy evaluation, 06/25/07
- Physical therapy notes, 06/27/07
- Pre-authorization request, 07/10/07
- Occupational therapy and physical therapy pre-authorization form, undated
- Request for twelve sessions, 08./22/07

- Pr-authorization request for physical therapy, 08/22/07, 09/11/07
- Office note, Dr. 08/31/07
- Lumbar spine MRI, 09/02/07
- Letter of medical necessity, 09/11/07
- Reconsideration for pr-authorization, 09/11/07
- Office note, Dr. 09/22/07
- Request for lumbar spine CT scan and pars inter-articularis blocks, 09/22/07
- Order for physical therapy, 09/22/07
- Request for pre-authorization for CT scan, 09/25/07
- Pre-authorization request procedure order, 10/03/07
- Case note, review – Dr. 10/08/07 and 10/09/07
- Note from Dr. 10/20/07
- Request for pars inter-articularis blocks, 10/23/07
- Peer review, Dr. 10/23/07

No guidelines were provided by the URA for this referral.

PATIENT CLINICAL HISTORY [SUMMARY]:

Age:

Gender: Male

Date of Injury:

Mechanism of Injury: Lifting an 80 pound pipe

Diagnosis: Lumbar disc syndrome, spasm, thoracic disc displacement without myelopathy and lumbar radiculitis.

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

This male injured his low back while lifting an 80 pound pipe. He was treated for low back and lower extremity pain, which was diagnosed as lumbar disc syndrome, spasm, thoracic disc displacement without myelopathy and lumbar radiculitis. The claimant was evaluated on 7/2/07 by Dr. DC, complaining of continued tightness in the low back and a burning pain into the left lower extremity, despite Skelaxin and Ibuprofen. The claimant was agitated and had a difficult time sitting in one place for a long period of time. The examination revealed a normal gait and **station**, the ability to heel/toe walk, although it was difficult, symmetrical reflexes, decreased sensation down into the left L5-S1 dermatomes, positive nerve root tension signs at 55 degrees supine, a positive sitting straight leg raise (SLR), causing tripod sign and palpable spasms over the left quadratus lumborum. Dr. diagnosed a lumbar sprain/strain and lumbar radiculopathy and prescribed continuation of modified duty, an MRI, therapy and referral to pain management for stronger medication. On 9/2/07, a lumbar MRI was performed, which revealed a moderately encroached neuroforamina bilaterally at L5-S1 without frank compression; minimal grade I spondylolisthesis at L5-S1, which was probably degenerative and minimal spondylosis and annular disc bulging at L1-2, L4-5 and L5-S1, with an extremely subtle right paracentral disc protrusion at L5-S1. Dr. evaluated the

claimant on 9/22/07, at which time X-rays noted a spondylolytic defect at L5 with forward listhesis of L5 on S1, which increased by about 5 millimeters between flexion and extension. There was tenderness in the midline low back with pain with flexion and extension, and possible left foot weakness at the tibialis anterior and extensor hallucis longus (EHL), however; most of this seemed to be associated with pain. Thus, it was not clear if it was true weakness. A lumbar CT on 10/9/07 reportedly showed bilateral L5 pars interarticularis defects. Pars interarticularis blocks bilaterally at L5 were recommended.

The medical records documented that this claimant has pars interarticularis defects and structural instability of the spine. The physician has recommended bilateral blocks at L5. The additional records, since the previous review, consist of an office note by Dr. dated 7/2/07, as well as a prescription for therapy. The claimant has diagnostic evidence of the defects and structural instability within the records. There was nothing to substantiate the need for the blocks, as it is not clear how these blocks will give the treating physician any additional information for treatment.

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 – ODG SEARCH FAILED TO REVEAL THIS INTERVENTION.
- 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)**
Orthopedic Knowledge Update, Spine, 2, Chapter 37, pages 354-357.