



**DATE OF REVIEW:** 12/19/07

**IRO CASE #:**

**NAME:**

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

Determine the medical necessity for the previously denied right-sided lumbar medial branch nerve block, levels L4 through S1.

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

Texas licensed anesthesiology and pain management specialist.

**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 right-sided lumbar medial branch nerve block, levels L4 through S1.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Evaluate and Treat dated 11/15/06, 10/31/06.
- Pre-Authorization dated 1/17/07, 11/15/06, 11/2/06.
- Workers' Compensation Pre-Authorization Request dated 1/19/07, 11/17/06, 11/2/06.
- Accident Report dated xx/xx/xx.
- Request for Review for Payment-2<sup>nd</sup> Request dated 2/20/07.
- Initial Request for Pre-Authorization dated 10/29/07.
- Functional Abilities Evaluation dated 5/25/07.
- Medical Records Reviewed Report/Letter dated 10/9/07.
- Lumbar Spine MRI Final Report dated 10/18/06.
- Nerve Conduction Study/Electromyography Results dated 8/16/07.
- Procedure Report dated 8/29/07.
- Follow-Up Visit dated 10/23/07, 8/16/07.

- Official Order to Appear dated 5/8/07, 1/19/07.
- Office Visit Report/Letter dated 5/25/07, 1/31/07.
- Daily Note dated 2/22/07, 2/20/07, 2/15/07, 2/13/07, 2/12/07, 2/9/07, 2/8/07, 2/5/07, 1/29/07, 1/25/07, 1/24/07, 12/15/06, 11/28/06, 11/22/06, 11/21/06, 11/20/07, 11/16/06, 11/14/07, 11/8/06, 11/6/06, 11/3/06.
- Discharge Summary dated 12/21/06.
- Initial Evaluation dated 11/1/06.
- Progress Note dated 11/15/06.
- Re-Evaluation dated 1/23/07, 12/8/06.
- Plan of Care dated 1/23/07, 12/8/06, 11/1/06.
- Physician Record Low Back Pain/Injury dated 7/27/07, 6/26/07, 4/29/07, 4/12/07, 1/11/07, 10/31/06, 10/24/06, 10/13/06, 10/11/06.
- Chart Cover dated 8/20/07.
- Employers First Report of Injury or Illness dated xx/xx/xx.
- xxxx Report dated 8/25/07.
- Peer Review dated 11/12/07, 11/1/07.
- Texas Workers' Compensation Work Status Report dated 2/27/07, 6/26/07, 5/25/07, 4/30/07, 4/12/07, 1/11/07, 10/31/06, 10/24/06, 10/13/06, 10/11/06.
- Memo Regarding an IRO Request dated 12/7/07, 12/6/07.
- Request Form Request for a Review by an Independent Review Organization dated 11/30/07.
- Notice to xxxxx of Case Assignment dated 12/6/07.
- Log Note dated 11/2/07.
- Fax Cover Sheet Pre-Authorization Request dated 1/16/07, 11/15/06, 11/1/06.
- Right Lumbar Facet Block Reconsideration Report dated 11/12/07.
- Pre-Cert Authorization Request (unspecified date).
- Notification Letter dated 8/20/07.

No guidelines were provided by the URA for this referral.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

**Age:** xx

**Gender:** Female

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Lifting accident.

**Diagnosis:** Lumbar sprain/strain.

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

The patient is a xx-year-old female who sustained a work-related injury on xx/xx/xx, involving the lumbar spine secondary to a lifting-type mechanism. Subsequent to the injury, the claimant underwent an exuberant amount of physical therapy and medication management. A designated doctor evaluation performed on January 31, 2007, by M.D. diagnosed the claimant with lumbar sprain/strain with recent aggravation. The patient reportedly had not reached a maximum medical improvement at that time. Following this, the claimant underwent additional physical therapy for four weeks with 50% of sustained pain relief. Of note, a lumbar MRI performed revealed mild degenerative disk disease, L5-S1 level; no canal or foraminal stenosis; articular facets are intact. Electromyogram (EMG) and nerve conduction studies performed on August 16, 2007, revealed

no evidence for radiculopathy. A second designated doctor evaluation was performed on May 25, 2007, by Dr., M.D. who stated that patient's pain currently was 4/10 with an average of 6/10. The patient also reported numbness and weakness in her left leg as well as weakness in her low back. Her diagnosis was lumbar sprain with anticipated maximal medical improvement in three months. The patient was then seen by Dr., a pain management physician on August 16, 2007, who diagnosed the patient with left-sided lumbar facet joint pain and recommended proceeding with left-sided lumbar medial branch nerve blocks, levels L4 through S1. It appeared that this procedure was performed on September 19, 2007, with reported 50% relief of pain. However, now the patient seemed to have pain on the right side of low back following the procedure. A review of the clinical examination pertaining to the lumbar spine revealed range of motion decreased to extension with pain in the low back, tender L5 facets, positive Kemp's and Yeoman's sign. Of note is that there was no specific side documented. The current medication management consisted of Ultram, Flexeril, and Lyrica. After a review of the information provided, the previous denial for a right-sided lumbar medial branch nerve block is upheld. The information submitted does not reveal correlating physical examination as per the requesting provider. In addition, designated doctor's evaluation on two separate occasions have diagnosed the patient with lumbar sprain/strain. The patient does not appear, based on the information available to the reviewer, to have a reasonable suspicion for right-sided lumbar facet joint pain. In addition, the radiographic imaging study report submitted (lumbar MRI) showed no facet hypertrophy or other facet problems. The patient has not met the criteria to proceed with the requested intervention according to the ODG guidelines.

**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.
  1. Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, under Low Back – Diagnostic Facet Blocks and Intra-articular Facet Blocks.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

- TEXAS GUIDELINES FOR CHRIOPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).**

2. Practice Guidelines, 1st Edition, 2004, Spinal Diagnostic and Treatment Procedures, ISIS, edited by M. Bogduk, M.D.

**CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.**

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