

DATE OF REVIEW:

07/17/2007

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

Right L3-S1 Facet Medial Nerve Block (FMNB) and right sacroiliac (SI) joint injection.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Right L3-S1 Facet Medial Nerve Block (FMNB) and right sacroiliac (SI) joint injection are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Case Report dated 07/09/07
- Referral dated 07/09/07
- DWC: Notice to LLC of Case Assignment dated 07/05/07
- Inc: Letter dated 07/05/07 from IRO Coordinator
- Independent Review Organization Summary dated 07/05/07
- DWC: Confirmation Of Receipt Of A Request For A Review dated 07/02/07
- LHL009: Request For A Review By An Independent Review Organization dated 06/29/07
- Letters dated 06/27/07, 06/19/07
- Notice of Disputed Issue and Refusal to Pay Benefits dated 06/18/07
- M.D.: Interval Note dated 05/31/07
- M.D.: Office/Outpatient Visit note dated 05/31/07
- M.D.: Designated Medical Examination dated 05/24/07
- DWC-69: Reports of Medical Evaluation with Date of Exams 05/24/07, 03/02/07, 01/31/07
- M.D.: Workers' Compensation Initial Evaluation dated 05/22/07
- Letter dated 05/17/07 from M.D.
- Letter dated 05/17/07 from APRN, BC
- Functional Capacity Evaluation dated 05/15/07 from MOT, OTR
- Texas Department of Insurance: Letter dated 04/30/07 from Claim Services Officer
- Dr. D.C.: Worker's Compensation Initial Evaluation Report dated 04/30/07 with three attached notes regarding prescriptions

- L-spine Final Report dated 04/24/07
- Thoracic Spine Final Report dated 04/24/07
- Lumbosacral View Final Report dated 04/20/07
- Preliminary Report dated 04/20/07
- Handwritten office notes dated 03/02/07, 01/31/07, 01/15/07, 01/08/07
- M.D.: Follow-Up Reports dated 03/02/07, 01/15/07
- M.D.: Follow-Up Reports dated 02/12/07, 01/08/07, 01/03/07
- Progressive Evaluation dated 02/12/07
- M.D.: Follow-Up Report dated 01/31/07
- Physical Therapy Associates: Notes dated 01/15/07
- DWC-1: Employers First Report of Injury or Illness dated
- DWC-73: Work Status Reports dated 01/08, 01/15, 01/31, 02/12, 03/02, 04/30/07, 06/18/07
- Undated note
- Undated Pre-Authorization Request

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury. The injured individual had some physical therapy (PT) and returned to work as of 01/31/2007 "fully recovered". He then complained of pain two weeks later and restarted PT and oral steroids with "no pain" as of 03/02. He then had an MRI that showed bulges and a protrusion at L5. By 05/31 with only conservative care, his pain was greatly reduced again. Yet he had a physical exam (PE) by Dr (pain physician) that same day that noted positive Gaenslen test, pain over the posterior superior iliac spine (PSIS), complaint of low back and right thigh pain and recommended facet and sacroiliac (SI) injections.

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

Both injections are denied for multiple reasons. First, the injured individual's symptoms wax and wane depending on the office visit. For example, in 03/2007 he had no pain whatsoever then an MRI was done a month later; on 05/31, one physician stated his pain was minimal with improved range of motion (ROM) while Dr. saw him the same day and noted pain and positive clinical testing. Second, there are insufficient clinical findings to warrant either injection. The attending physician (AP) is requesting lumbar medial nerve blocks at L3-S1 yet his physical exam only indicates tenderness over the PSIS, does not indicate any level of lumbar involvement. As far as the SI request, the AP only documented one positive clinical finding (right Gaenslen) and Official Disability Guidelines (ODG) requires up to three to correctly identify the SI joint as a pain generator. Third, the MRI shows no facet pathology. Finally, the ODG do not recommend more than two levels of medial nerve blocks; this AP is requesting four.



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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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES