

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

JUNE 1, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medial branch block bilateral at L3-4, L4-5, L5-S1

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar spine MRI, 05/17/06

Office notes, Dr., 06/20/06, 07/05/06, 08/09/06 and 10/16/06

Office notes, Dr., 09/21/06 and 03/21/07

Office notes, Dr., 11/21/06, 11/28/06, 12/05/06, 12/08/06 and 02/23/07

EMG, Dr., 12/19/06

Disability evaluation, Dr., 01/10/07

Rehabilitation consultation, 12/11/06, 01/17/07 and 02/19/07

HEALTH AND WC NETWORK CERTIFICATION & QA 10/3/2007

IRO Decision/Report Template- WC

Office notes, Dr., 03/01/07 and 04/05/07
Bilateral face injection noted, 03/28/07
Peer review, 04/12/07
Peer review, Dr., 05/02/07
Lifting capacity report, 12/27/06
Request for injection, 03/10/07
Chiropractic notes, 01/09/07, 01/16/07, 02/02/07 through 02/23/07, 03/02/07, 04/02/07, 04/16/07 and xx/xx/xx

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male injured on xx/xx/xx when he was pulling a box. He has been treated for lumbar radiculopathy since that time with low back and right leg and foot pain without significant numbness or tingling. The 05/17/06 MRI of the lumbar spine showed mild disc desiccation at L4-5 and L5-S1 with mild central disc bulging. He was treated with medications, chiropractic and interlaminar injections at L5-S1 without relief.

On 09/21/06 the claimant was seen by Dr. for a designated doctor examination. On examination lumbar motion was limited in all planes. The neurological examination was unremarkable. Dr. felt that the claimant had reached maximum medical improvement with a 5 percent impairment rating. On 12/19/06 the claimant had an EMG that showed acute and chronic L5 radiculopathy.

Dr. evaluated the claimant on 01/10/07 and determined after examination and review of a functional capacity evaluation that the claimant was capable of medium duty work. The claimant reported on that visit that he had ongoing low back and right leg pain. Straight leg raise was equivocal on the right but the neurological examination once again was unremarkable.

On 03/01/07 the claimant came under the care of Dr. for equal low back and right leg pain. X-rays were reported to show minor loss of disc space height at L4-5 and L5-S1. On examination there was pain with facet loading and hyperextension. Dr. felt pain was facet mediated and recommended facet injections. The claimant underwent bilateral facet injections at L4-5 and L5-S1 on 03/28/07 reporting that he had 100 percent pain relief for 4 to 5 days. Dr. then recommended that he have bilateral medial branch blocks to determine if the claimant was a good candidate for rhizotomy at L3-4, L4-5 and L5-S1

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

This is a male who reportedly injured his back pulling a box in xx/xx/xx. According to records, he complained of a combination of back and right lower extremity pain. The MRI scan completed in xx/xx/xx described minor disc desiccation, but no discrete neurocompressive lesion. He underwent epidural steroid injections and reportedly experienced some degree of relief. Subsequently he underwent selective nerve root blocks in October 2006, although the results of those injections were not clear. Of note is the fact that in December of 2006 he had electrodiagnostic testing that described an acute radiculopathy. He also reportedly underwent chiropractic treatment. More

recently he reportedly had bilateral facet injections at L4-5 and L5-S1 and had good relief of his pain for four to five days. Requests were made to complete three level medial branch blocks.

The Reviewer cannot recommend the proposed treatment as being reasonable or medically necessary as the request does not meet Official Disability Guideline criteria for diagnostic facet blocks. The criteria suggest that no more than two levels should be injected at any time and a request has been made for three. Although he reportedly carries the diagnosis of radiculopathy based on EMGs there is no clear evidence of a neurocompressive lesion and/or objective findings on examination to support that diagnosis. Furthermore, he has previously responded to injections such as epidurals as well as reported facet blocks. This suggests that the etiology of his ongoing pain complaints is unclear. As such, based on the fact that it does not meet Official Disability Guideline criteria as well as an absence of a clear pain generator, the reviewer cannot recommend the proposed treatment as being reasonable and medically necessary.

Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Low Back-Facet Joint Blocks

Criteria for the use of diagnostic blocks for facet "mediated" pain:

1. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
2. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
3. No more than 2 joint levels are injected in one session

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
 - Official Disability Guidelines Fifth Edition Treatment in Worker's Comp 2007 Update, Low Back-Facet Joint Blocks
- 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)