

**DATE OF REVIEW:** 03/26/07

**IRO CASE #:**

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

The services under dispute include CPT codes 64475 (x2), 64476 (x4), 76005 and 099SG.

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

The reviewer is a Medical Doctor who is Board Certified in Anesthesia and Pain Management with greater than 10 years of experience.

**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 reviewer disagrees with the previous adverse determination.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Documents were received and reviewed from the URA, carrier and treating doctor. The records from the URA include: multiple Intracorp letters, UR referral form, Dr. notes and physical exam, letter and report.

Records from the carrier include: letters, Dr. notes, preauthorization letters, operative reports, anesthesia records, DWC status report, PT notes and letter.

Records from the TD include: Dr. notes and physical exam notes and denials.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This male has chronic lower back pain secondary to an injury . He has had ESI's, facet joint injections and facet joint radiofrequency denervation with good effect.

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

The ASIPP Practice Guidelines (ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Spinal Pain, Pain Physician 2005; 8(1-47) support the performance of repeat therapeutic blocks in this setting. It suggests the frequency would be 3 months or longer between each procedure and that there is a 50% or more pain relief for 10-12 weeks. All regions should be treated at the same time as long as all procedures can be performed safely.

**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 (PROVIDE A DESCRIPTION)** ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Spinal Pain, Pain Physician 2005; 8(1-47).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**