

IRO NOTICE OF DECISION – WC

IRO REVIEWER REPORT - WC

DATE OF REVIEW: 05-06-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Denial of preauthorization approval for Facet Median Nerve Blocks Bilaterally L3

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

Certified by the American Board of Anesthesiology
General Certificate in Anesthesiology

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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCP/CS/NDC	Upheld/Overturn
		Prospective			Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notices of Preauthorization denial (02-27-07 and 03-06-07)
Medical Records from 02-08-05 through 04-24-07
Procedure note of 02-23-05

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MRI reports
Peer Review Report 12-11-06

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant has a history of lower back pain including chronic radiculopathy since 2005. Decompressive neuroplasty was performed on 2/23/2005. The claimant sustained a back injury while pulling a load at work. Treatment included epidural steroid injection, medications, bursa injections, and epiduroscopy. The claimant has continuing back pain.

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

The requested procedure of facet blocks is not medically necessary, based on the MRI findings. The claimant's current symptoms are likely to be due to a chronic degenerative pain condition. The references below support further trials of conservative treatment for this patient. (1-4)

From the history, it is documented that the claimant is a smoker. Chronic back pain is well documented in smokers, and thus the pain may be an indication of a chronic condition. (5-6)

1. American Society of Anesthesiologists. (1997). *Practice guidelines for chronic pain management*. Retrieved March 23, 2006, from <http://www.asahq.org/publicationsAndServices/ChronicPainMgmt.pdf>.
2. National Guideline Clearinghouse. (2005, August). *Guideline on diagnostic facet medial nerve branch blocks and facet neurotomy*. Retrieved March 23, 2006, from <http://www.guidelines.gov>.
3. Boswell, M. V., Shah, R. V., Everett, C. R., Sehgal, N., McKenzie-Brown, A. M., Abdi, S., et al. (2005). Interventional techniques in the management of chronic spinal pain: Evidence-based practice guidelines. *Pain Physician*, 8 (1), 1-47
4. Manchikanti L., Pampati V., Bakhit C.E., et al. Effectiveness of lumbar facet joint nerve blocks in chronic low back pain: a randomized clinical trial. *Pain Physician*. 2001; 4(1): 101-117.
5. Palmer, K.T., et al. Smoking and musculoskeletal disorders: Findings from a British national survey. *Annals of the Rheumatic Diseases*. January 2003. 62: 33-36.

6. Goldberg, M.S., et al. A review of the association between cigarette smoking and the development of nonspecific back pain and related outcomes. *Spine*. 2000.25 (8): 995-1014.

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
- AHCPH- 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 JUDGMENT, 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)