

RYCO MedReview

DATE OF REVIEW: 05/24/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L3-S1 facet median nerve blocks

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

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

An MRI of the lumbar spine interpreted by, M.D.
A progress summary from, P.T. for a treatment period of 01/29/07 through 03/27/07
A physical therapy evaluation with Ms. for the period of treatment from 01/29/07 through 04/02/07
An MRI of the lumbar spine interpreted by, M.D. dated 02/08/07

A Evaluation with Ms. dated 02/13/07
Evaluations with, M.D. dated 03/08/07 and 04/03/07
An essential function screen with Ms. dated 03/20/07
An evaluation with, M.D. dated 03/27/07
Letters of non-authorization from dated 04/09/07 and 04/30/07
A health summary from an unknown provider (no name or signature was available) dated 05/08/07
An undated report regarding facet joint pain and treatment

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine interpreted by Dr. revealed a disc herniation at L5-S1. An MRI of the lumbar spine interpreted by Dr. on 02/08/07 revealed degenerative disc disease and possible small protrusion at L5-S1. On 02/13/07, Ms. requested further therapy. On 03/08/07, Dr. requested a left S1 transforaminal epidural steroid injection (ESI). On 04/03/07, Dr. performed a lumbar ESI, requested bilateral L3 through S1 facet nerve blocks, and prescribed Percocet. On 04/09/07 and 04/30/07, wrote letters of non-authorization for the facet nerve blocks.

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

This patient had an MRI scan performed a full 10 months before her alleged work injury, which demonstrated disc degeneration and a small central protrusion at L5/S1. The exact same findings were seen on MRI scan performed approximately two weeks after the alleged injury. Therefore, this patient's sustained no damage, injury, or harm to any part of her body as a result of the alleged work injury. The MRI scan findings were absolutely identical when compared to those 10 months before the work injury. Neither MRI scan demonstrated any evidence of facet pathology, either. Additionally, the patient has complaints of lumbar pain radiating through the entire left lower extremity to the foot, which is clearly not indicative of facet mediated pain. The ODG clearly state that diagnostic medial branch blocks are indicated for "low back pain that is non-radicular" and "at no more than two levels bilaterally." This patient clearly has radicular pain complaints and the request is for a four level block.

Therefore, based upon the patient's clinical presentation, clear and indisputable evidence of her condition being preexisting and lack of support within the ODG, there is no medical reason or necessity for the requested bilateral L3 through S1 facet median nerve blocks as related to the work injury of xx/xx/xx. These blocks are not medically indicated.

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