

IRO Express Inc.

An Independent Review Organization

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DATE OF REVIEW: 11/09/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Block of the lumbar facet median nerves bilaterally at L4 through S1.

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

M.D., neurologist and fellowship-trained in Pain Management, board certified in Neurology and Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Adverse Determination by Direct dated 10/11/07 as well as 10/19/07
2. History and physical note by Dr. dated 10/08/07
3. MRI report of the lumbar spine dated 10/19/07
4. Workers' Compensation Initial Evaluation Report dated 08/13/07 by Dr. Workers' Compensation Initial Visit History and Physical dated 08/14/07 by Dr. Followup note by Dr. dated 09/04/07
5. Letter by Dr. addressed to Dr. dated 09/10/07
6. No ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant sustained a work-related injury, which reportedly was superimposed on an older work injury. Several notes available including by Dr. as well as Dr., Dr. and Dr., all seem to point toward a right-sided lumbar radicular condition. In fact, a note by Dr. summarizes the claimant as describing his “predominant pain as being along the posterior aspect of the right thigh and calf.” Initial evaluation report by Dr. on 08/13/07 summarizes that the claimant’s pain goes “down the right leg with a pain severity rating of 7/10, and this is present during the majority of time while he is awake. It appears that the pain is present more of the time more proximally in that path, however.” Notes by Dr. also indicate primary assessment of lumbar disc disease as well as L5/S1 radiculopathy. This may have correlation with the MRI findings on the report dated 10/19/07 where there may be slight encroachment upon the right S1 nerve root due to disc bulge at the L5/S1 level. This also appears to be reported by Dr. who mentions his impression of the MRI scan as showing a disc bulge at L5/S1 toward the right with some neural foraminal narrowing at that level and that the claimant “probably does have a read lumbar radiculopathy due to the L5/S1 abnormality.”

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

There appears to be an overwhelming consensus that this claimant’s condition is most likely a lumbar radiculopathy, which would not be expected to be verified diagnostically nor treated symptomatically by the requested service, that being bilateral median branch facet block, presumably for purely diagnostic clarification for a facet joint syndrome. Therefore, after a careful review of all medical records, the Reviewer’s medical assessment is that the requested service is not medically necessary.

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)**