



REVIEWER'S REPORT

DATE OF REVIEW: 04/10/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4/S1 medial branch block.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. TDI Referral
2. URA records 2-7-08 to 3-28-08
3. Office Records of MD, 3-25-08
4. ODG's were not presented by the carrier.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This is an individual who apparently injured his back. He apparently underwent chiropractic care to no avail. He had some physical therapy with some relief. There was a note that he may have had a medial branch block in the year 2005 to help with left-sided pain, but there was nothing performed recently in the records I have reviewed.

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

The ODG Guidelines do support medial branch blocks for facet-mediated pain in the contest of a non-radicular pain pattern. There needs to be at least three positive

provocative tests to justify that procedure and to confirm the facets as the pain generators. In this case, I do not have any of that documentation. If there is a good result from the medial branch blocks, this may progress to radiofrequency lesions of the medial branches. In this case, I do not have any contemporary records to suggest that he has had recent medial branch blocks, and if he did, I do not have any evidence as to what the benefit was or was not from those blocks. At this point in time, we do not have sufficient information to recommend medial branch blocks or a radiofrequency lesioning in this injured employee.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)