MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: August 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medial branch blocks of the posterior ramus nerves innervating the L4-L5 and L5-S1 facets bilaterally (64450, 64451, & 77003).

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of Medial branch blocks of the posterior ramus nerves innervating the L4-L5 and L5-S1 facets bilaterally (64450, 64451, & 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Texas Department of Insurance

- Office notes (05/05/08 – 07/02/08)
- Lumbar ESI (05/21/07)
- Lumbar facet blocks at L4-L5 and L5-S1, right (08/20/07)
- Lumbar MRI (07/26/08)
- Utilization reviews (07/10/08 – 07/17/08)

, M.D.

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Company

- Office notes (05/05/08 – 07/02/08)
- , M.D., RME (05/14/08)
- Lumbar MRI (07/26/08)
- Utilization reviews (07/10/08 – 07/17/08)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who was injured on xx/xx/xx, when she slipped and fell and landed on her back and buttocks.

Initial magnetic resonance imaging (MRI) of August 2006 revealed a significant protruding disc at L5-S1 that was central and right-sided, displacing the S1 nerve root. X-rays in November 2006 revealed marked disc space narrowing at L5-S1. The patient was treated with physical therapy, chiropractic care, medications, and injections. The patient responded well to the epidural steroid injection (ESI) facet blocks performed by x, M.D. in 2007. In February 2008, the patient returned to Dr. x with an exacerbation of low back pain. A recommendation was made to proceed with bilateral facet joint blocks at L4-L5 and L5-S1. The request for the facet blocks was denied even at the IRO level.

In May 2008, the patient was seen by Dr. for primary low back pain that occasionally extended to the right buttock and rarely to the right knee. She had not participated in a supervised rehabilitation program in six months or longer and had not attempted a return to work. Her medications were Cymbalta and tramadol. Examination showed mildly provocative straight leg raise (SLR) on the right. Dermatomal pattern was asymmetric at the L5 and S1 nerve root distributions as she had numbness across the dorsum of the right foot as well as the right lateral ankle. Dr. recommended proceeding with medial branch blocks of the posterior branch of the primary ramus nerves to the facets of L4-L5 and L5-S1 bilaterally to evaluate her candidacy for radiofrequency rhizolysis to those facets.

In a required medical evaluation (RME), , M.D., opined as: (1) A repeat MRI of the lumbar spine would be reasonable to evaluate the L5-S1 disc level. Further treatment would depend on the results of the MRI. (2) It was reasonable to continue the patient on tramadol.

MRI of the lumbar spine revealed mild degenerative disc changes at L5-S1. Dr. stated that the patient had a significant back pain with signs and symptoms of facet arthropathy, which had previously responded to facet joint injections. His recommendations remained same in the form of medial branch blocks at L4-L5 and L5-S1 facets bilaterally.

On July 10, 2008, , D.O., denied the request for the bilateral medial branch blocks at L4-L5 and L5-S1. He noted the following history: *The request for the facet blocks at L4-L5 and L5-S1 levels were denied due to presence of radicular findings in the right leg.* Dr. 's rationale for denial of the medial branch blocks was as under: *"As per the most recent MRI, imaging does not support the request for medial branch blocks at the requested levels. The patient continues to complain of radicular pain. As noted by the previous reviewer, the patient had approximately five days of relief from a right-sided facet block, which again does not meet criteria to proceed with medial branch blocks. Therefore the request for bilateral medial branch blocks at L4-L5 and L5-S1 is respectfully denied."*

On July 17, 2008, , D.O., denied the appeal for facet blocks with the following rationale: *"The request for bilateral medial branch blocks at L4-L5 and L5-S1 is not certified at this time. The patient underwent a repeat MRI imaging, which does not support the request for medial branch blocks at the requested levels. The patient now denied radicular pain; however, there does not appear to be sufficient pathology or exam findings to support the request. Furthermore, the patient continues to have a positive straight leg raise (SLR), which would indicate a possible radicular component. Also it appears this request was previously denied by IRO."*

Compensability issues: Carrier disputes degenerative disc disease (DDD) of the spine to extent to L3-L4, L4-L5, and L5-S1, DDD is a disease of life, aging, and life style and should not be part of this claim, which is a soft tissue lumbar sprain/strain. Carrier accepts right wrist, lumbar, and coccyx as compensable.

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

Based on the last exam there were positive findings suggestive of facet syndrome. In addition, the radicular symptoms have resolved. Based on the ODG a diagnostic block is reasonable under this scenario.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES