

# Clear Resolutions Inc.

An Independent Review Organization  
7301 Ranch Rd 620 N, Suite 155-199  
Austin, TX 78726  
Fax: 512-519-7316

Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 22, 2008**

**IRO CASE #:**

## **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Bilateral medial branch block 64475, 64476, 77003 and NCV of lower extremity CTP 95903, 95904, 95934

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

MD, Board Certified Orthopedic Surgeon

## **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.

The reviewer finds that medical necessity does not exist for Bilateral medial branch block 64475, 64476, 77003 and NCV of lower extremity CTP 95903, 95904, 95934.

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 11/6/08, 11/13/08  
ODG Guidelines and Treatment Guidelines  
Office notes, Dr. , 10/7/04  
Rehab notes, 10/19/04, 10/26/04, 10/27/04, 10/28/04, 10/29/04, 11/1/04, 11/3/04,  
11/4/04, 11/10/04, 11/12/04

Office notes, 11/1/04, 12/21/04, 01/18/05, 05/11/05, 05/26/05, 12/15/05, 08/03/06,  
11/15/07  
Peer review, Dr. , 6/10/05  
Office notes, Dr. , 9/29/05, 11/10/05, 04/20/06, 04/20/06, 10/30/07, 01/26/08, 09/25/08,  
10/30/08  
MRI lumbar spine, 11/2/05  
IME, Dr. 10/2/06  
Addendum, Dr. , 12/15/06  
DDE, Dr. , 6/23/08  
Request for ESI, X-ray, MRI, NCV BLE, 9/30/08  
MRI, 10/11/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx-year-old female, non-smoker; weight 176 pounds with a history of diabetes and hypertension. Medical records provided for the review document that the patient initially developed lower back pain after reaching up for a box in xx/xx. Lumbar x-rays showed early arthritic changes and the diagnosis was lumbar strain /sprain. Treatment included non-steroidal anti-inflammatory medications, work restrictions and physical therapy. A year later, the claimant reported feeling a popping sensation in her lower back when pushing open a gate on xx/xx/xx. Dr. saw the claimant on 09/25/05. MRI on 11/2/05 noted partial desiccation of the disc spaces with minimal posterior bulge and minimal thecal sac impingement at L3-4. At L4-5, there was a four-millimeter posterior and central disc herniation with impingement on the central aspect of the thecal sac and some right neural exit foramen impingement. A three-millimeter posterior disc bulge was noted at L5-S1 with some impingement on the thecal sac. Epidural steroid injections were requested but not approved by the carrier. The claimant continued with anti-inflammatory medication, a muscle relaxant and work modifications. On 06/23/08, Dr. declared the claimant at maximum medical improvement and assigned a five percent whole body impairment rating. On exam, there was mild decreased sensation on the left at L4 and L5 with reflexes and motor testing intact bilaterally. The claimant continued with complaints of low back and right leg pain with weakness, numbness and tingling. Dr. saw the claimant on 09/25/08. Lumbar motion was moderately restricted with noted muscle spasm and tenderness to palpation in the bilateral paravertebral area, the facet joints, the posterior superior iliac spines and the sacroiliac joints. Pain medications were prescribed.

Repeat lumbar MRI on 10/11/08 note a minor disc bulge at L3-4, disc herniation with thecal sac effacement at L4-5 and a two-millimeter disc protrusion at L5-S1. An office note on 10/30/08 indicated the claimant felt better with the medications but continued with low back and right leg pain, increased with walking and standing. The impression was lumbar facet dysfunction, lumbar strain /sprain, intervertebral disc displacement, lumbar radiculitis and myofascial pain syndrome. Bilateral lumbar medial branch block and nerve conduction velocity testing to the lower extremity were requested.

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

The claimant has had chronic back pain. The extent of conservative treatment was not outlined in the medical records provided for this review. In addition, the requested levels were not outlined nor the number requested. For these reasons, the request cannot be approved, as the ODG criteria have not been met. The levels requested were not

indicated. This reviewer does not know if they were requesting 1, 2, 3, or 4 levels. In light of such, the injections cannot be approved. Nor is the extent of conservative treatment adequately outlined though it is listed that the claimant has had therapy in the past, the duration of which was not ascertained. The request for the EMG's was not adequately outlined. The patient has had continued complaints of back and right leg pain with no progressive neurologic deficit. The rationale for the EMG's was not adequately outlined. There was no documentation of radiculopathy. The reviewer finds that medical necessity does not exist for Bilateral medial branch block 64475, 64476, 77003 and NCV of lower extremity CTP 95903, 95904, 95934.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates, Low Back, **Nerve conduction studies (NCS):** Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy

**Criteria for use of therapeutic intra-articular and medial branch blocks are as follows:**

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis or previous fusion.
3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

**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)**