

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 23, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient lumbar facet joint nerve blocks L4-S1, first the right side followed by the left side.

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

M.D., Board Certified in Orthopedic Surgery
Board Certified in 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)

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 outpatient lumbar facet joint nerve blocks L4-S1, first the right side followed by the left side.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 10/16/08, 11/3/08
ODG Guidelines and Treatment Guidelines
, MD, 10/10/08, 9/15/08, 10/27/08
Operative Report, 8/20/08
Pain Physician, March/April 2008

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx-year-old patient injured in xxxx. He is eight years status post low back surgery, apparently originally injured while operating heavy equipment. It is stated in the records that he is post laser discectomy in 2003 and has a series of epidural steroid injections and facet blocks previously. Facet blocks provided 60% to 70% relief. Radiofrequency neurotomy was performed on 04/09/08, although the levels are not indicated. Apparently this reduced his pain level by 75% for two months. He has had epidural steroid injections, which one report stated total relief and another one, which did not provide him relief. The request now is for lumbar facet nerve blocks, first one side and then the other. Previous reviewer denied this on the basis of the ODG Guidelines.

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

The records provided for review indicate that the diagnosis at this stage is not clear. In addition, the medical records indicate that the origin of the pain may not yet have been identified. This patient has had positive results from facet blocks and also from an epidural steroid injection. This patient has already had neurotomy of the medial branches. The patient does not meet the ODG criteria for facet joint nerve blocks.

The reviewer has read all the records provided for review including the medical literature provided by Dr. . However, the treating physician has not provided substantial reasons why deviations from the Guidelines should be made in this case.

The reviewer finds that medical necessity does not exist for outpatient lumbar facet joint nerve blocks L4-S1, first right side followed by left side.

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)**