MEDICAL REVIEW OF TEXAS

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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 26, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral Supracluneal nerve blocks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
MD, Board Certified in Neurology

REVIEW OUTCOME

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

☐ Upheld (Agree)

X 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
* Progress notes from Dr. with date range 1/22/07 – 12/21/07.
* Utilization review denial of 1/9/08 and 1/18/08.
* No ODG Guidelines provided.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male with low back pain radiating to the posterior aspects of both buttocks and posterior legs. He has had lumbar spine surgery with harvesting of bone graft from posterior superior iliac crest lesion, apparently on the right side. He has had an intrathecal morphine pump with revision. He has significant

tenderness to palpation in the right posterior superior iliac crest region with radiation on palpation over the superior cluneal nerves to the right buttocks. He has had limited improvement with oral medications and has responded to cluneal nerve blocks in the past.

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

AS ABOVE, NO ODG GUIDELINES WERE PROVIDED. INTERNET REVIEW, HOWEVER, HAS EASILY FOUND SEVERAL PERTINENT ARTICLES INCLUDING MAIGNE, J.Y. IN *SPINE*, 1997, MAY, 15:22(10):1156-9. REPORTING 19 CASES OF CLUNEAL NEUROPATHY WITH EXCELLENT RESPONSE TO NERVE BLOCK IN 13 PATIENTS AND UNSATISFACTORY RESPONSE IN SIX PATIENTS. ANOTHER ARTICLE IN *PAIN PRACTICE* IN JOURNAL VOLUME V ISSUE PAGE 364-366 BY AKBAS, MERT, ETC. ANOTHER ARTICLE BY LU, J. ETC. IS DESCRIBING ANATOMIC RELATIONSHIP OF THE SUPERIOR CLUNEAL NERVE TO THE POSTERIOR ILIAC CREST AND THORACOLUMBAR FASCIA FROM THE DEPARTMENT OF ORTHOPEDIC SURGERY, MEDICAL COLLEGE OF OHIO. ANOTHER ARTICLE BY DR. MAIGNE J.Y. THERE WERE SEVERAL OTHERS. IT APPEARS THAT CLUNEAL NERVE BLOCK IS A REASONABLE APPROACH TO TREATMENT OF THIS PAIN SYNDROME.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**

X **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**

X **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE**

* *SPINE*, 1997, MAY, 15:22(10):1156-9
* *PAIN PRACTICE* IN JOURNAL VOLUME V ISSUE PAGE 364-366

☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**