

# Clear Resolutions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:** 1/4/08

**IRO CASE #:**

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

Right selective nerve root block at L4.

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

M.D., board certified Orthopedic Surgeon, board certified Spine Surgeon, 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)

This reviewer concurs with the previous denial in that medical necessity does not exist for the selective nerve root block on the right at L4. There has been documented evidence of instability at L4/L5, discogenic reproduction of his pain, no evidence of nerve root compression, negative neurologic evaluations, and no hard clinical evidence of radiculopathy that would justify selective nerve root sleeve block.

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

1. Adverse Determination Letters 08/3/07, 09/14/07, 03/09/07, 12/29/06, 11/30/06
2. ODG Guidelines and Treatment Guidelines
3. M.D., 03/28/07, 07/09/07, 08/29/07, 06/27/07, 02/26/07, 11/08/07
4. M.D., 04/30/07, 06/06/07, 07/30/07, 10/30/07
5. Patient Profile, Institute, 10/23/06
6. CT scan of the lumbar spine without contrast, 06/22/07
7. Operative note, 06/22/07

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

The patient was injured. He underwent extensive conservative care, taking large amounts of hydrocodone, apparently up to six a day of the hydrocodone 10 mg. He is being requested for a right L4 selective nerve block with a previous laminectomy being performed at L4/L5. He has internal disc disruption at L4/L5 on MRI scan and confirmed as a pain generator with a pain level of only 4/10 at L4/L5. There is evidence of instability on flexion and extension views at L4/L5 and most likely at L5/S1. Also, EMG nerve conduction studies of June 2007 were unremarkable. There is no evidence of clinical findings of radiculopathy in the medical records of the various physicians who have evaluated this patient.

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

The use of epidural steroid injections is currently felt to be for those patients who have radiculopathy with objective findings on examination showing equivocal evidence of radiculopathy as per the AMA Guidelines, Fifth Edition, page 382-383. The patient should also have failed other conservative methods such as exercise, physical therapy, nonsteroidal anti-inflammatory medications, and muscle relaxers. In this particular patient's case, the pain generator has already been identified as the L4/L5 disc. There is no evidence of true radiculopathy, and the indications for selected nerve block have not been met.

## **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: AMA Guides, Fifth Edition)**