

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: MARCH 11, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed OP bilateral L4-S1 facet median nerve block (#3)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
296.20/ 721.3/ 722.52	bilateral L4-S1 facet median nerve block (#3)		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-19 pages

Respondent records- a total of 26 pages of records received from to include but not limited to: Request for IRO forms; letters 1.22.08, 1.30.08; records Dr. 1.15.08-1.16.08; log note 7.25.07; report 8.15.07

Respondent records- a total of 272 pages of records received from to include but not limited to: letter 2.20.08; Request for IRO forms; letters 1.22.08, 1.30.08; First report of Injury; x-rays 12.26.03; NCV study 12.10.03, 3.11.04; FCE 2.15.05; MRI L-Spine 3.30.04; Lumbar Myelogram/post CT 6.17.04; records, 10.28.03-6.30.04 ; records from Dr., 8.29.03-12.18.03; Records from Dr., 1.28.04-1.15.08 (including Systems records); records Dr. 1.03.04-4.26.05; Rehabilitation progress note, 6.9.03-4.12.05; records, Chiropractic, 11.6.03-12.15.06; PT progress notes, 11.16.04-2.10.05; report, Dr., 1.16.08; RME 3.8.04, 2.21.05; DWC 69; IME 8.3.04, 9.16.04; report, Dr. 9.14.04;

Requestor records- a total of 72 pages of records received to include but not limited to: Records from Dr. 1.28.04-1.15.08; lab report 8.26.04; FCE 2.15.05; MRI L-Spine 3.30.04; NCV study 3.11.04

Treating Doctor records- a total of 22 pages of records received to include but not limited to: records, 10.28.03-6.30.04; Lumbar Myelogram/post CT 6.17.04; NCV study 12.10.03

Treating Doctor records- a total of 3 pages of records received from, M.D. to include but not limited to: NCV study 12.10.03, 3.11.04

PATIENT CLINICAL HISTORY [SUMMARY]:

There is a physical history note dated 01/15/2008 that states that the initial hospital care provider is, M.D. It states this is a xx-year-old female here for a follow-up visit. Her pain visual analog scale is 4. Date of injury is xx/xx/xx. The patient has not worked since the injury. The patient was last seen on 08/15/2007 for bilateral L4-S1 facet medial nerve blocks, which worked well according to the patient for 4 months.

The patient does have a spinal cord stimulator and she uses it 18-20 hours per day. She states that it is the only thing that keeps her pain away, but that she still has mechanical back pain. Additional records indicate that the patient has a diagnosis of lumbar facet arthropathy, cervicgia with arthropathy, degeneration of the lumbar disc, and depression.

The records indicate that sometime in 2004, some 2 years after injury, she started seeing Dr. and had a spinal cord stimulator placed some months later and reported initial excellent results, but then had ongoing pain and has been treated with facet nerve blocks in L3-S1 using a combination of 0.5% Marcaine bilaterally and Depo-Medrol, and that the blocks seem to last for a period of time up to several months and the patient needs repeat blocks. She is on multiple medications for pain control. On one medication, they include Lidoderm, Zanaflex, Darvocet, Neurontin, Lortab, Pamelor, Valium, Ultram, Skelaxin, and Voltaren with no known drug allergies reported.

ADDITIONAL HISTORY: There is an initial office visit history and physical from xx/xx/xx that indicates her initial injury occurred in xx/xx on the job. She fell over a freight cart and unit and hit her right leg and knee, but this is better. Sitting, walking, and bending aggravate the pain. It is dull and burning in nature. Physical therapy did not help. A TENS unit aggravates it. A chiropractor helps. There is no numbness or weakness. She sleeps with a pillow between her legs. An MRI of the lumbar spine shows mild disc desiccation at L3-L5. This was performed in March of 2003. The cervical spine MRI in January of 2003 revealed C5-C6 mild protrusion.

She had seen Dr. in the past. She has seen Dr., who did a series of epidural steroid injections. An examination was documented at that point in time, which included the following: IMPRESSION: Left sacroiliitis lumbalia; Mild L3-L5 arthralgia; Lower extremity radiculitis and

cervicalgia; RECOMMENDATIONS : Lumbar fusion 360; We did not feel that she wanted to proceed with that. She was provided Lidoderm patches, etc.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

DECISION: Uphold the URA's denial of procedure. It is not medically necessary based on ODG guidelines and based on International Spine Injection Society guidelines.

RATIONALE: Medial branch blocks or facet medial branch blocks are non therapeutic procedures. They are diagnostic procedures where the medial branch is blocked for a period of hours and up to a day using an anesthetic to see if the pain is in fact mediated at the facet joints. While it is a known phenomenon that patients will report pain relief longer than the actual physiology of the anesthetic, it has never been deemed a therapeutic means – only diagnostic means.

The appropriate treatment if someone has a good response to facet median branch blocks would be a fact median branch rhizotomy, which has not been requested. The continued and repeated median branch blocks are not medically reasonable, necessary, or appropriate, nor are they consistent with evidence-based medicine as per the International Spine Injection Society guidelines, nor do they meet the ODG guidelines for medial branch blocks.

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

- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- XX OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (International Spine Injection Society guidelines)