

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 03/05/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Superior cluneal nerve blocks times three (64450)

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain 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)

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.

Superior cluneal nerve blocks times three (64450) - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An evaluation with M.D. dated 11/09/07

A letter of non-certification, according to the ODG, from M.D. dated 01/18/08
A letter of non-certification, according to the ODG, from D.O. dated 01/31/08
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was seen for initial evaluation by Dr. on 11/09/07. She documented lumbar pain radiating down the back of the left leg, as well as burning and tingling pain in the right buttock. Dr. stated that the patient's pain had been present since an injury in xxxx, but no other information regarding that injury was provided. Dr. also noted that the patient had an anterior and posterior spinal fusion performed, but provided no further information regarding any specifics about that surgery. She noted a pain level of 7-8/10 and that the patient had a bone graft harvest from the posterior/superior iliac crest region. The patient was taking Hydrocodone 7.5 mg daily and Neurontin 300 mg b.i.d. Physical examination documented non-specific tenderness to palpation over the right posterior/superior iliac crest with radiation to the right buttock. Straight leg raising was negative. Sensory exam was normal. Reflex and motor examinations were also normal. Dr. allegedly performed three superior cluneal nerve blocks on 11/09/2007. There is no further documentation as to whether those blocks provided any relief nor is there any documentation of further follow-up visits by Dr.

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

Absent documentation of significant clinical benefit from any procedure, it is not medically reasonable or necessary to repeat that procedure. Moreover, the ODG treatment guidelines do not address superior cluneal nerve blocks directly and there are no scientific studies demonstrating long term efficacy from superior cluneal nerve blocks. Therefore, based upon the documentation provided for review and the lack of support in the ODG Treatment Guidelines or published medical studies, the non-authorization for the requested three superior cluneal nerve blocks is upheld. The requested procedure is not medically reasonable or necessary.

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)**