

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 03/30/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L3 through S1 facet median nerve blocks

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

M.D., Board Certified in Pain Management and Anesthesiology under the American Board of Anesthesiologists.

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)

Upon independent review the reviewer finds that the requested Bilateral L3-S1 facet median nerve blocks are not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 2/20/08, 3/6/08
ODG Guidelines and Treatment Guidelines
2/12/08, 11/12/07, 11/12/08, 8/20/07
Letter 2/29/08
DEC Evaluation 10/25/06
Isometric Strength Assessment 10/25/06
Progressive Performance Summary

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while on the job. Since that time, he has undergone a fusion at L5-S1. Dr. has evaluated the patient and requested a bilateral L3 through S1 median nerve block. Per the office visit note dated 02/12/08, this request is based on the fact that the patient has received “extensive surgery.” This is the rationale that Dr. gives for requesting a three-level facet block.

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

Per the *Official Disability Guidelines*, a facet block or medial branch block should be performed at no more than “two levels bilaterally.” Therefore, a request for a four-level medial branch block correlates with a three-level facet block. This goes against the recommendations of the *Official Disability Guidelines*. In addition, Dr. refers to a “median nerve block” numerous times. The median nerve is a nerve located in the upper extremities. The correct nerve associated with facet joints would be the medial branch nerve. I am assuming that this is a miscommunication by Dr. The *Official Disability Guidelines* also go on to state that “diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.” Since this patient has received a fusion at L5-S1, a medial branch block would not be indicated at the L4 and L5 medial branches which correlate with the L5-S1 facet joint. Therefore, given these reasons, this request for a “median nerve” block is not indicated at this time.

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)**