



# PROFESSIONAL ASSOCIATES

## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/19/08

**IRO CASE #:**

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

Bilateral lumbar selective nerve root blocks at L2-L3 and L3-L4 (64483 and 64484)

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

Board Certified in Orthopedic Surgery

**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.

Bilateral lumbar selective nerve root blocks at L2-L3 and L3-L4 (64483 and 64484) - Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Evaluations with, M.D. dated 10/30/06, 05/08/07, 10/23/07, 02/25/08, 04/01/08,  
Procedure notes from Dr.' dated 12/14/06, 12/15/06, 02/07/08, 03/27/08,  
An evaluation with M.D. dated 01/02/07  
A letter of non-certification, according to the ODG, from M.D. dated 04/14/08  
A letter of non-certification, according to the ODG, from D.O. dated 04/21/08  
The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY**

On 10/30/06, Dr.' recommended a selective nerve root block and a topical transdermal medication. Dr.' performed a right L2-L3 blockade on 12/14/06 and a bilateral L3-L4 blockade on 12/15/06. On 01/02/07, Dr. recommended spinal aquatics three times a week for four weeks and possible lumbar surgery. On 10/23/07, Dr.' felt the patient might be a candidate for a series of selective nerve root blocks. Bilateral L2-L3 and L3-L4 blockades were performed by Dr.' on 02/07/08 and 03/27/08. On 04/01/08, Dr.' recommended another injection and continued topical transdermals. On 04/14/08, Dr. wrote a letter of non-certification for bilateral selective nerve root blocks at L2-L3 and L3-L4. On 04/21/08, Dr. also wrote a letter of non-certification for the injections.

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

Selective nerve root blocks are, by their nature, diagnostic and not therapeutic. By instilling a small amount of local anesthesia to a localized area, one can ascertain the pain generator. This has already been done, in the past, with equivocal short term results. The patient did not receive significant long term results as the ODG requires for repeating injections. The patient has also had epidural injections at those levels and did not have significant or long lasting relief as the ODG requires. Therefore, the patient is not a candidate for repeat injections. The ODG indicates a series of three injections is neither reasonable nor necessary. Two injections are the maximum that is usually necessary and in this case, the patient did not receive sufficient relief from the first two injections to justify any further procedures. This procedure has been done in the past and, therefore, should not be repeated. Therefore, the requested bilateral lumbar selective nerve root blocks at L2-L3 and L3-L4 are neither reasonable nor necessary, as defined both by the ODG and by criteria promulgated by such agencies as the International Spinal Injection Society.

### **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 AND KNOWLEDGE BASE

- 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)**

International Spinal Injection Society