

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right lumbar medial branch block at L4-5, 64475, 77003, Q9949

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 Right lumbar medial branch block at L4-5, 64475, 77003, Q9949 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 4/3/08, 4/15/08
ODG Guidelines and Treatment Guidelines
MD Exam 3/24/08
Letter to Applied Assessments 5/2/08
Office Visits MD 3/14/08, 1/2/08, 11/27/07, 9/18/07, 8/1/07
MD Progress Notes 2/22/08, 1/15/08, 12/12/07, 10/30/07
MD 12/6/07

MD EMG Exam and Motor Nerve Study 11/12/07
MD Consultation 10/29/07
MRI Lumbar Spine 10/18/07
MD Follow-Up Visit Notes 2/27/06, 2/6/06
MD History and Physical 1/24/06
MD 11/14/05
MRI Lumbar spine 11/1/05
X-Ray 10/28/05
Treatment History generated 5/2/08
ODG Guidelines submitted by URA

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient had a work-related injury on xx/xx/xx. Since then, she has been suffering from low back pain. On the office visit dated 03/14/08, the patient reports back pain and leg pain, specifically “mild leg pain to the right thigh and calf with prolonged sitting and standing.” On physical exam on that same date of service, there is no mention of any tenderness to palpation over the lumbar spine. There is also a mention of right L4 paresthesias. It is also noted on an office visit dated 03/14/08 that the patient had a “positive right straight leg raise.”

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

Upon review of the provided medical records and relevant ODG Guidelines, this reviewer finds that the requested right lumbar medial branch block at L4-5, 64475, 77003, Q9949 is not medically necessary. Per the *Official Disability Guidelines*, the “suggested indicators of pain related to facet joint pathology” include “a normal sensory exam and tenderness to palpation in the paravertebral areas (over the facet region).” The patient also must have a “normal straight leg raising exam.” As stated above, there is no mention of facet joint tenderness to palpation. In the physical exam, there is a report of a positive right straight leg raise. In addition, there are paresthesias noted which indicates that there is an abnormal sensory exam. The *Official Disability Guidelines* go on to state that “there should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.” It is noted that there is no mention of a “formal plan of additional evidence-based activity and exercise.” Therefore, given these issues, this requested lumbar facet joint injection is not indicated.

**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)