

# US Decisions, Inc.

*An Independent Review Organization*

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## Notice of Independent Review Decision

**DATE OF REVIEW:** NOVEMBER 21, 2008

**IRO CASE #:**

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

Bilateral L2 Selective Nerve Root Injections with Fluoroscopy.

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

MD, Board Certified Orthopedic Surgeon

### **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.

The reviewer finds that medical necessity does not exist for Bilateral L2 Selective Nerve Root Injections with Fluoroscopy.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters, 10/14/08, 10/22/08

ODG Guidelines and Treatment Guidelines

Doctor's Notes, 10/6/08

r Chiropractic, , DC, 7/25/08

MRI of Lumbar Spine, 9/11/08

Requests for Authorization, 10/8/08

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is an injured worker apparently xx years of age complaining of axial back pain. According to medical records, she was injured when she was working as a on xx/xx/xx. The pain is axial with accompanying bilateral leg pain. Examination does not reveal any deficit other than a report on one note of a right L4 abnormality. She has undergone an MRI scan, which revealed that at L5/S1 there is a bulging disc, more so on the right, which may be affecting the right L5 root at L4/L5. Apparently there is no nerve root compression. L3/L4 was normal other than for some arthrosis. At L2/L3 there is some indication that there may be ligamentous injury at the annular complex/PLL junction. The request is for L2 selective nerve root blocks bilaterally.

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

The medical records do not provide any evidence as to why the L2 level has been selected for this procedure. Only documented radicular complaints are an indication for the use of selective nerve root blocks and/or epidural steroids. There is no evidence from the medical records of an L2 radiculopathy, either by clinical complaints nor from physical findings. The guidelines do not support the use of epidural steroid injection or selective nerve root blocks for axial back pain. The medical records provided for review do not document the reason or the necessity for these blocks. The reviewer finds that medical necessity does not exist for Bilateral L2 Selective Nerve Root Injections with Fluoroscopy.

**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
- AHCP- 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)**