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Notice of Independent Review Decision

DATE OF REVIEW: October 1, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar median branch blocks, Right L3, L4, and L5, with MAC anesthesia, fluoroscopy, and x-ray.

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of Pain Management

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)

PATIENT CLINICAL HISTORY:

The description of services in dispute is recent denial for right-sided lumbar median branch blocks at levels L3, L4, and L5, with MAC anesthesia, fluoroscopy, and x-ray.

This is a xx-year-old female who sustained a work-related injury on xx/xx/xx, involving

the lumbar spine. The mechanism of injury is not documented. At the time, the patient was diagnosed with lumbago and lumbar spondylosis.

A lumbar MRI subsequent to the injury, dated September 20, 2002, revealed facet arthropathy at the L4-5 level bilaterally.

In addition, the patient has had what appears a significant past medical history revealing multiple pain generators to include myofascial pain, spondylosis, and fibromyalgia. A significant history of seizures and psychological factors with this patient is noted. The patient in the past has undergone a left-sided radiofrequency ablation of the lumbar medial branch nerves at L3, L4, and L5 that was performed two years ago.

Recently, this patient underwent bilateral lumbar facet injections at levels L3-4, L4-5, and L5-S1. This was accomplished on July 11, 2008. The patient reportedly had two weeks relief.

The patient's current medication management consists of Ultracet, Lyrica, Zanaflex, Promethazine, Imitrex, BuSpar, Ritalin, Fluoxetine, Risperdal, Toprol XL, and Aspirin.

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

After a review of the information submitted, the denial for lumbar medial branch blocks, right-sided L3, L4, and L5, with MAC anesthesia, fluoroscopy/x-ray has been upheld.

With respect to facet joint intra-articular therapeutic injections of which this patient has recently had, no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least six weeks), the recommendation is to proceed to medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).

From the information submitted, there was no quantitative and/or qualitative documentation of this patient's pain relief (i.e. VAS score, decrease in medication, and/or increase in function) following the above intra-articular injection. Therefore, in accordance with ODG, Treatment Index, 6th Edition (Webb), 2008, Low Back – Diagnostic Facet Blocks, the recommendation is to uphold the previous non-authorization.

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)**