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## Notice of Independent Review Decision

**DATE OF REVIEW:** 9/15/2008

**IRO CASE #:**

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

Bilateral Lumbar Medial Branch Block (comparative) L3, 4, 5, S1  
Physical therapy 10 sessions

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

Certified by the American Board of Anesthesiology  
Anesthesiology – General  
Pain Medicine – Subspecialty

### **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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Service Units	Upheld/ Overturned
		Prospective	722.83	97110	10	Overturned
		Prospective	722.83	64443	1	Upheld

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

Adverse determination letter dated 8/4/08  
Adverse determination reconsideration letter dated 8/21/08  
Request for a Review by an Independent Review Organization dated 9/2/08  
Review documentation dated 8/20/08, 8/15/0/, 8/4/08  
Letter with forms requesting pre-authorization dated 7/29/08  
MRI Lumbosacral Spine dated 11/26/07  
CT scan Lumbar Spine dated 10/19/05  
Nerve Conduction Studies dated 2/6/08  
Letter of Medical Necessity for Lumbar Medial Branch Block (comparatively)  
undated  
Medical notes dated 10/26/07, 3/5/08, 6/4/08, 7/2/08, 8/11/08  
Physician Advisor Report dated 2/4/08  
Letter of Medical Necessity for Lumbar Medial Branch Block (comparatively)  
undated  
Medical note dated 1/23/07  
Official Disability Guidelines cited but not provided

## **PATIENT CLINICAL HISTORY:**

The claimant is a male who sustained a work related back injury on xx/xx/xx. He then underwent a two level lumbar laminectomy and fusion of L4-5 and L5-S1 on 8/9/2004. The patient continues to suffer from chronic low back pain with occasional radiation into his bilateral lower extremities.

Diagnostic bilateral L3,4,5,S1 medial branch blocks, to determine if the patient's pain symptoms are coming from his facet joints at L4-5 and L5-S1 bilaterally, have been requested, as well as 10 sessions of physical therapy.

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

Per review of the ODG Guidelines, as referenced by the insurer (Low Back; Procedures; Facet Injections), the Reviewer supports the denial of the request to perform bilateral L3,4,5,S1 medial branch blocks. However, the Reviewer does not support the denial of the request for physical therapy, 10 sessions.

The Reviewer noted that the patient has undergone a surgical fusion procedure with hardware at the L4-5 and L5-S1 levels. Assuming that this is a solid fusion with intact hardware, there should not be any motion at these fused levels that would cause pain to originate from the lumbar facet joints at L4-5 and L5-S1. Per the ODG, "diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned levels."

Regarding the request for physical therapy 10 sessions, the Reviewer does not support the denial based upon the ODG (Low Back; Physical Therapy). Although some notes indicate that the patient has participated in physical therapy in the past, the current request for therapy will reinforce the principles and expected outcomes of physical activity and allow the patient to perform these exercises in a supervised format.

The physical therapy request is for exercise (range of motion, strength/power, muscle endurance and flexibility), manual therapy (manual trigger point therapy and myofascial release), and modalities (heat, iontophoresis, electrical stimulation and ultrasound) to be performed (per progress note of 3/5/08).

Per the ODG, "there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain. The most effective strategy may be delivering individually designed exercise programs in a supervised format (for example, home exercises with regular therapy follow-up), encouraging adherence to achieve high dosage, and stretching and muscle-strengthening exercises seem to be the most effective types of exercise for treating chronic low back pain."

Per the ODG physical therapy guidelines, in patients with intervertebral disc disorders without myelopathy, medical treatment allows for 10 visits over 8 weeks. "As compared with no therapy, physical therapy (up to 20 sessions over 12 weeks) following disc herniation surgery was effective."

In the Reviewer's opinion, 10 sessions of physical therapy is appropriate for this patient and is supported by the ODG criteria. It is also the Reviewer's opinion that bilateral lumbar medial branch blocks (comparative) L3, 4, 5, S1 are not supported for this patient.

**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)