ZRC MEDICAL RESOLUTIONS INC

REVIEWER'S REPORT

DATE OF REVIEW: 09/26/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Medial branch blocks.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:
D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

REVIEW OUTCOME:
"Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

__X __Upheld (Agree)

_____Overturned (Disagree)

_____Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:
1. I reviewed an MRI scan report dated 06/12/07 of the lumbar spine, which reads, "Schmorl's nodes in the vertebral body and plates at T11/T12 through L3/L4. No disc herniation, spinal canal stenosis, or neural foraminal encroachment." This was authored by Dr.
2. I reviewed an operative note of 11/13/07 that was lumbar decompression with partial laminectomy and foraminotomies at the L5/S1 level. This was performed by Dr. .
3. I reviewed a 02/14/08 note from Dr. His diagnosis was post laminectomy syndrome, lumbar. She received a caudal epidural steroid injection on that particular visit.
4. I reviewed a 02/20/08 report from Dr.
5. I reviewed a 04/09/08 report from Dr. Reference is made to multiple single epidural steroid injections performed by Dr. The initial ones were helpful for four to five months at a time. The last one helped for eight months. He referenced that the caudal epidural steroid injection by Dr. gave him much briefer relief than that of Dr. On examination, he was able to flex 80 degrees with mild discomfort with lateral bending and paraspinal guarding bilaterally. Extension and rotation were positive bilaterally, right equaling left

181 Ruby Lake Drive
Kyle, TX 78640
512.535.2922 * 512.853.9371 (fax)

with pain across the low back in both directions. Tenderness is mild to moderate in the right and lower back. There are posterior scars. Neurologically, he was intact with a sensory change in the L3 nerve root distribution on the left. He recommended a caudal epidural steroid injection.
6. I reviewed an 08/14/08 note from Dr. Reference is made to good relief following the epidural steroid injection on 02/14/08 until a cold front came through two days prior to 08/14/08. He stated that he had completed twelve sessions of physical therapy, which were not helpful.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):
The records I have reviewed do not give a detailed history of the onset of his back pain other than the notation on the MRI scan stating that he hurt his lower back while lifting in the year 2001. Apparently on xx/xx/xx while working he was unloading a crate when he felt the low back pain. He went on to have the surgery as discussed above. He has had post surgical epidural steroid injections with good relief. Now the request is for medial branch blocks.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:
At this point in time I do not believe medial branch blocks at the L5/S1 are supported. This gentleman appears to have radicular symptomatology, which is a direct contraindication to facet blocks. Specifically, there appears to be a left L3 radiculopathy according to Dr.

There also is lack of facet involvement involved on any of the MRI study. Specifically, there is no evidence of facet arthritis or other pathology for which to suggest a facet-mediated pain. finally, the injured employee has derived benefit from caudal epidural steroid injections, which would suggest that the pain generator was identified and treated with those injections and that the facet blocks are likely to be the source of the symptomatology. Otherwise, there would not have been such significant relief following his epidural steroid injections.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:
(Check any of the following that were used in the course of your review.)

_____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.
__X__ Medical judgment, clinical experience and expertise in accordance with accepted medical standards.
_____Mercy Center Consensus Conference Guidelines.
_____Milliman Care Guidelines.

__X __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 national accepted medical literature (provide a description).
_____Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)

181 Ruby Lake Drive
Kyle, TX 78640
512.535.2922 * 512.853.9371 (fax)