

# IRO Express Inc.

An Independent Review Organization

835 E. Lamar Blvd. #394

Arlington, TX 76011

Fax: 817-549-0310

Notice of Independent Review Decision

**DATE OF REVIEW:** 09/17/2008

**IRO CASE #:**

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

Right L3, L4, L5, S1, S2, S3 lumbar medial branch block with fluoroscopy and anesthesia

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

OD Guidelines

Denial Letters 7/30/08 and 8/11/08

Records from Anesthesiology and Pain Management: Progress Notes 1/3/06 thru 7/15/08; OP Reports 3/10/06, 2/10/06, 12/16/05, 5/17/07

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was injured on the job on xx/xx/xx. At that time, the patient fell and was having pain in her back. The patient underwent a right L3, L4, L5, S1, S2, & S3 medial branch radiofrequency nerve ablation on 05/17/07. It is noted that the patient was pain-free for at least six months after that procedure. The pain then

started slowly increasing. The requesting physician thinks that the patient has recurrent sacroiliitis and is requesting a diagnostic right L3-S3 medial branch nerve block.

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

At this time, there does not appear to be a reason to repeat the diagnostic medial branch block. The patient has already been diagnosed and responded well to radiofrequency nerve ablation. It is also noted that the patient was pain-free for six months after this procedure. Through the physical exam and history it is implied that the sacroiliac joint is once again the cause of the pain, and as a result, a different course of action would be indicated instead of a diagnostic medial branch block. Therefore, at this time, the request for a diagnostic medial branch block is not appropriate.

**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)**