

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, Maine 04915

Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 7, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral Lumbar Medial Branch Block

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)

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 Lumbar Medial Branch Block.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/28/08, 8/6/08

ODG Guidelines and Treatment Guidelines

MD, 7/22/08, 6/25/08, 7/29/08, 8/11/08

MD, 4/28/08

Radiology Reports, 8/18/06, 8/26/99, 2/18/00, 1/20/00, 8/26/99, 2/22/00, 8/18/00

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job in xxxx. Since that time she complains of “pain to the lower back area radiating to both legs with numbness and weakness to both legs.”

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

The only mention in the medical records provided as to what levels are requested for medial branch blocks is a fax sent by the Clinic for Pain Management. This fax states that the request is for a “bilateral lumbar medial branch block L1-S1.” This request would correspond to a total of 5 facet joints per side. Per the Official Disability Guidelines, “no more than two facet joint levels should be injected in one session.” In addition, this patient has a history of a fusion from L3-S1. Per the Official Disability Guidelines, “diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.” Given this information, facet medial branch blocks would not be indicated at this time. The reviewer finds that medical necessity does not exist for Bilateral Lumbar Medial Branch Block.

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)**