

Notice of Independent Review Decision

**IRO REVIEWER REPORT**

DATE OF REVIEW: 04/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

1. Spinal cord column stimulator trial
2. Bilateral lumbar medical branch block L4-L5, L5-S1
3. Physical therapy (2x5) 10 sessions CPT 63685, 63650, 72275, 64475, 66476, 77003, 97032, 97112 and 97001

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

The TMF physician reviewer is board certified in anesthesia/pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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.

It is determined that the spinal cord column stimulator trial, bilateral lumbar medical branch block L4-L5, L5-S1, and physical therapy (2x5) 10 sessions CPT 63685, 63650, 72275, 64475, 66476, 77003, 97032, 97112 and 97001 are not medically necessary to treat this patient's condition.

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

- Information for requesting review by an IRO – 04/09/09
- Letter of determination from – 03/02/09, 04/01/09
- Notes from regarding denial of services – 03/31/09
- Office progress notes by Dr. – 05/30/08 to 02/19/09
- H & P for second opinion by Dr. L – 01/22/09
- Report of MRI of the lumbar spine – 11/26/07
- Report of nerve conduction and velocity interpretation – 02/06/08
- Authorization request for spinal cord stimulator – no date
- Authorization request for medial branch block – no date
- Authorization request for physical therapy – no date
- Report of designated doctor examination by Dr. – 10/08/08

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient sustained a work related injury on xx/xx/xx when he fell on the ridge of a roof onto his ribs on the left side and bruising the ribs and a hairline fracture and low back pain. The patient has been treated with medications, physical therapy, injections and surgery.

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

Although this patient has complaints of pain, there is no psychological evaluation which is considered important in a pre-operative evaluation for the use of a spinal cord stimulator. The fact that the patient suffers from depression is not enough to deem the spinal cord trial appropriate. Concerning the facet joint blocks and physical therapy, the patient has already had diagnostic injections and neuro-ablations. The medical record documentation does not indicate the amount or length of pain relief from the diagnostic injections or the neuro-ablations. In addition, if the neuro-ablations were effective, there would be no reason to redo diagnostic blocks at the same levels as well as repeat the physical therapy.

### **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)