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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/04/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left L4 selective nerve root block #1

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

M.D., Board Certified Orthopedic Surgeon

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

ODG Guidelines and Treatment Guidelines

Peer review, 4/29/09, 06/02/09

Office note, Dr. , 10/21/08

MRI lumbar spine, 11/7/08

Office notes, Dr. , 11/20/08, 01/07/09, 02/25/09, 04/15/09, 05/21/09

PT assessment, 12/8/09

PT re-evaluation, 12/15/08

Letter of Appeal, Dr. , 5/21/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old female with the onset of low back pain on xx/xx/xx after loading heavy pieces of equipment. MRI of the lumbar spine on 11/07/08 showed multifactorial degenerative changes at L4-5 including grade I anterolisthesis. These changes produced mild central canal and mild to moderate foraminal stenosis, left greater than right. The claimant began treating with Dr. on 11/20/08 for left low back pain that radiated to the left lateral thigh and left lateral calf into the left lateral foot. The claimant was working full time. She had been treated with a steroid Dosepak which helped temporarily. On exam the claimant had negative straight leg raise, 5/5 strength and decreased sensation in the left S1 distribution. Reflexes were equal.

The claimant underwent physical therapy. She was taking Ultram and ibuprofen. EMG/NCS on 03/03/09 showed no evidence of lumbosacral radiculopathy on the left side. The claimant continued with low back and left lower extremity pain. A left L4 selective nerve root block was requested to decide if the disc issue at L4-5 was causing the claimant's pain. The injection was denied on peer review. The office note of 05/21/09 documented negative straight leg raise, 5/5 strength and decreased sensation in the left S1 distribution. Dr. authored a letter of appeal for the selective nerve root block dated 05/21/09 in which he emphasized that the claimant had low back pain that radiated to the left lateral thigh and left lateral calf into the left lateral foot. He indicated that the MRI showed 2-3 mm of anterolisthesis of L4 on L5. There was also moderate to advanced facet arthropathy bilaterally at L4-5 as well as a small annular disc bulge producing mild to moderate narrowing of the left foramen. He recommended an L4 selective nerve root block in order to determine where her pain was coming from.

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

The electrodiagnostics in this case did not confirm radiculopathy. There are no clear cut physical findings of radiculopathy. The ODG does not recommend ESI in cases where there is no radiculopathy. Therefore, I would not be able to recommend as medically necessary the proposed selective nerve root block. The request does not meet the ODG criteria for selective nerve root block. The reviewer finds that medical necessity does not exist for Outpatient left L4 selective nerve root block #1.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Low Back

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below
- 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[] ACOEM-AMERICA 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)