

SENT VIA EMAIL OR FAX ON
Dec/08/2009

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/07/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medial Branch Block L3, L4, L5

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

Board Certified in Physical Medicine and Rehabilitation

Subspecialty Board Certified in Pain Management

Subspecialty Board Certified in Electrodiagnostic Medicine

Residency Training PMR and ORTHOPAEDIC SURGERY

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 10/27/09 and 11/4/09

Dr. 10/20/09

MRI 1/30/09 and 1/15/08

EMG/NCS 9/21/09

Back 9/11/09

Dr. 9/11/09

1121 Pages from Insurance Carrier from 2007 thru 2009

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xx/xx when he missed a step on a ladder and fell. He had ongoing back pain and right lower extremity pain. The MRI in 1/08 showed degenerative changes

with significant foraminal narrowing. An EMG done 3/08 was reportedly normal. He did not improve with a medial branch block at L3-L5 by Dr. in 8/08. He had no improvement with epidural injections in the past and again in 5/09. . A repeat MRI in 1/09 suggested a right-sided disc herniation in the L4/5 foramina. Recent examinations showed reduced sensation in the right L5/S1 dermatomes, more at L5. The examinations described positive SLR on the right side. The IME from 9/11/09 described right medial thigh pain the record review showed a normal EMG in 3/08, but a S1 radiculopathy on an EMG done 2/20/09. The record did not include the actual report for review. The review noted the right MBB without benefit by Dr. in 2008

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

The issue is where is the pain generator. The records show that Dr. feels there is pain from the facet joints and is considering a diagnostic, not a therapeutic, medial branch block prior to a possible RF neurectomy of the medial branch. First, one criteria for the procedure is the absence of any radicular pain and a normal SLR. Several doctors describe radicular pain, an abnormal SLR and a radiculopathy on EMG. The ODG frowns on therapeutic MBB, but accepts a single diagnostic block. Dr. did this in 2008 without benefit. In fact, it apparently worsened the pain. The record suggests that Dr. was not aware of the prior procedure. It is possible that this man has both facet problems and a radiculopathy. Since he did not improve (rather he got worse) with the prior MBB and there is a radiculopathy, The Reviewer cannot justify the procedure as a variance from the ODG.

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)