

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar medial branch block at
L3-4

QUALIFICATIONS OF THE REVIEWER:

This reviewer graduated from University of Texas Medical School and completed training in Anesthesiology/Pain Management at University of Texas Medical School. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Anesthesiology since 1993.

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- | | |
|---|----------------------------|
| <input checked="" type="checkbox"/> Upheld | (Agree) |
| <input type="checkbox"/> Overturned | (Disagree) |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in |

part) Lumbar medial branch block at L3-4 Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is an injured worker who is diagnosed with lumbosacral spondylosis without myelopathy, lumbar sprain and herniated disc. His current medications are Neurontin, Celebrex, Norco, Lortab, and Flexeril. He has also received a lumbar selective epidural injection without any relief.

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

This is a male with lumbosacral spondylosis without myelopathy, lumbar sprain and herniated disc. His current medications are Neurontin, Celebrex, Norco, Lortab, and Flexeril. He has also received a lumbar selective epidural injection without any relief. After the failed block there was indication that further evaluation of the radiculopathy was to occur. This was not documented. There was also mention that the he may be a candidate for SCS. There was no further information pertaining to this recommendation. The ODG guides will support diagnostic medial branch blocks provided there is an absence of radiculopathy. In this patient there is not only clinical evidence of radiculopathy, but there have be no evaluative studies to determine the origin (i.e. EDS). Based on this the request is not supported by the ODG Guidelines and would not be considered medically necessary. Therefore, the previous denial is upheld.

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)