

Wren Systems

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 553-0533
Fax: (207) 470-1064
Email: manager@wrensystems.com

DATE OF REVIEW:

Jun/01/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient Left Lumbar Selective Block 64483, 77003, 72100, 99144

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

MD, Board Certified in Physical Medicine and Rehabilitation

Board Certified in Pain Management

Board Certified in Electrodiagnostic Medicine

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

Determination Letters, 3/20/09, 4/14/09

MD, 4/13/09, 3/31/09, 3/3/09, 9/7/07, 12/15/08, 11/3/08,
1/16/08, 2/28/08,

MRI L-Spine w/o contrast, 6/24/08

Operative Reports, 8/22/07, 11/26/08

PATIENT CLINICAL HISTORY SUMMARY

This is a woman with a low back problem following an injury in xx-xxxx. She has ongoing low back and left lower extremity pain. Dr. reported the pain is in the L4/5 distribution. Her straight leg raising sign is normal, but she has a left femoral stretch test that is positive. Motor function showed weak knee extensor and left ankle dorsiflexion. Her left knee jerk is reduced. An MRI done on 6/24/08 showed narrowing of the left neural foramen at L4/5. She had improvement following an epidural injection on 8/26/07 with a translaminar injection at L5/S1. She had a left L4 selective nerve root ESI on 11/26/08. The 12/15/08 progress note described significant improvement of hr pain. The next note provided was dated 3/3/09. It stated she did well until "the pain started a few days ago..."

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

Records indicate this person had 3 months of relief before a sudden onset. It would therefore appear appropriate under the guidelines for the requested procedure for treatment of this acute exacerbation. Records indicate the patient has the motor weakness, abnormal reflexes and the abnormal MRI to meet the criteria of a radiculopathy. Criteria 7 of the ODG states that there are indications if the procedure is "found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required...Indications for repeat blocks include acute exacerbation of pain..." The records in this case demonstrate that the patient meets the guidelines. The reviewer finds that medical necessity exists for Outpatient Left Lumbar Selective Block 64483, 77003, 72100, 99144.

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)