

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left lumbar medial branch block L5-S1 (CPT 65575, 65576, 77003) and PT x 5 Sessions (CPT 97032, 97112, 97001)

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

M.D., Board Certified in Orthopedic 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

PATIENT CLINICAL HISTORY SUMMARY

This is a male injured on xx/xx/xx. He complains of low back pain and radiating left leg pain with numbness and weakness in the left leg. He has pressure on his heel. He complains of aching and radiating down the left lower extremity to the foot. He has increased lordosis. He has some pain and tenderness and moderate left-sided spasm with range of motion. EMG/nerve conduction study is normal. Lumbar MRI scan showed an angular tear with signal changes in the annulus and no fragmentation of the disc, however, or protrusion, no evidence of nerve root impingement, and no evidence of lumbar facet disease. He has a neurological picture based upon his symptoms that is not compatible with the MRI scan performed. He had an epidural steroid injection done in 09/08, medication, and physical therapy. Current request is for left medial branch block at L5/S1 and post block physical therapy sessions times five.

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

The current clinical picture does not conform to that of the state-mandated ODG Guidelines. These guidelines include physical therapy and nonsteroidal anti-inflammatory medication for six weeks prior to the blocks and back pain that is nonradicular. While the claimant has had physical therapy, the records indicate his pain is most definitely radicular in nature, and there is no evidence of localized pain related to the facet-mediated type. The records indicate he is not taking pain medications, and there is also the question in the medical record of possible request for discography, given the fact that the physician himself feels the pain may be discogenic rather than facet. There is a lack of information in the medical records to explain why this patient's current request for treatment conforms to the ODG Guidelines. The reviewer cannot overturn the previous adverse determinations, particularly given the predominance of his left "radicular" complaints. The reviewer finds that medical necessity does not exist for Left lumbar medial branch block L5-S1 (CPT 65575, 65576, 77003) and PT x 5 Sessions (CPT 97032, 97112, 97001).

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)