

# US Decisions Inc.

An Independent Review Organization  
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**DATE OF REVIEW:**

May/14/2009

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

Select Nerve Root Block (SNRB) L5 right (64483), and Epidurogram (72275), and Anesthesia (01992)

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

MD, 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**

ODG Guidelines and Treatment Guidelines  
Adverse Determination Letters, 4/8/09, 4/15/09  
Pain Consultants, 3/24/09, 1/27/09, 12/1/08, 10/22/08, 10/7/08  
MRI Lumbar Spine, 3/28/08  
NCS RIGHT LOWER EXTREMITY, 5/14/08(?)  
Doctors Notes, 3/24/09  
Independent Medical Exam, 1/20/09

**PATIENT CLINICAL HISTORY SUMMARY**

This is a gentleman injured in xx-xx-xx who developed back pain. He had a series of MRIs that showed lumbar disc protrusions and bulging at the L4/5 and L5/S1 levels. His most recent MRI was done on 3/28/08. This showed broad based disc bulges at L4/5 and L5/S1. No nerve roots were compromised and the neural foramen were patent. He had an EMG done in 2008 that demonstrated fibrillations and positive waves in the right tibialis anterior. There was no report of a paraspinal examination included in the records. A diagnosis of a L4/5 radiculopathy was made. Dr. assumed his care on 10/7/08. He described dysesthesias and paresthesias in the right L5 distribution. His examination described a positive straight leg raising on the right, normal on the left. The remainder of the neurological examination was normal. He performed an L5 nerve root injection on 10/22/08 that provided relief up to 65% until late November 2008. This was repeated on 1/27/09 and the man had up to 50% relief until late March 2009. Dr. provided a DD exam in January 2009. He described in his analysis that there had been 15 prior epidural injections including on 6/3/08 and 6/17/08 prior to Dr.

involvement.

The IME of 1/20/09 described no muscle atrophy of the thighs or calves. The doctor found normal motor function and sensation. He had a buttock pain to the right foot at 70 degrees of SLR. Dr. concluded that his man had lumbar spondylosis causing his back pain. He wrote that there were “symptoms of sciatica with no objective physical findings of sciatica in the right lower limb. The only positive finding was pain in the supine position with straight leg raising...He has no evidence of muscle weakness and he has no sensory loss. The MRI scan on repeated occasions shows no significant evidence of any lesion that would cause right leg sciatica.”

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

The criteria for using selective nerve root blocks is derived from the AMA Guides, which require that radiculopathy must be documented, and objective findings on examination need to be present. In this patient’s case, evidence of radiculopathy is inconclusive. The only criteria met for a possible radiculopathy is the abnormal EMG, and that is limited in the quality of the report provided. The records indicate the patient has had no neurological loss. He has received some short-term relief from repeated injections at a frequency greater than advised in the ODG. The ODG states that when there has been 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. The patient had relief, but the first injection by Dr. lasted just one month. The second lasted approximately 6 weeks. Further, according to the records provided for this review, there were at least four (4) injections administered from June 2008 through January 2009. The frequency of injections does not meet the guidelines. For all of these reasons, the request for SNRB and epidurogram and anesthesia does not meet the ODG criteria. The reviewer finds that medical necessity does not exist for Select Nerve Root Block (SNRB) L5 right (64483), and Epidurogram (72275), and Anesthesia (01992)

#### **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)**

**[ X ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES  
(PROVIDE A DESCRIPTION)  
AMA Guides, 5th Edition, page 382-383**