

SENT VIA EMAIL OR FAX ON
Nov/21/2009

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/18/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left L4-S1 FMNB

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 10/16/09 and 10/28/09
Dr. 8/4/05 thru 10/6/09
PT Notes 8/8/05 thru 12/6/06
MRI 4/11/05
OP Report 7/13/05
Dr. 8/3/05
Treatment History 2/7/05 thru 10/6/09

PATIENT CLINICAL HISTORY SUMMARY

This is a male with neck, mid and low back pain. The latter goes to the left buttock, hip and

posterior thigh. There was a prior thoracic facet injection. The MRI from 4/05 showed some degenerative changes. The 10/6/09 neurological examination showed no abnormalities. He had local tenderness in the left paraspinal region and the pain on lumbar extension. Dr. is describing a diagnostic more than therapeutic injection. The therapeutic branch blocks are generally denied.

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

The prior thoracic treatments are independent of the low back. Many of the more recent records discuss the cervical and thoracic region and shoulder, none of which are in discussion now. The question before preceeding with facet injections is does he have facet pain. As the ODG notes, this is a diagnosis hard to make just on the clinical examination and radiological findings. Blocks have a high level of false positive results. The referral pattern is consistent with facet pain. The pain on extension can be a negative factor for the diagnosis or for the benefits of the block. There was no report of SLR being positive or negative. There is enough information to suggest that the facets may be a pain generator. The records showed prior unsuccessful PT several years ago, but the lower back was only one area of treatment. The records noted prior low back pain, then this was not discussed again until this spring. It may be that we are dealing with the prior work related injury rather than a new problem. The symptoms and signs are consistent with facet pain. There is failure to improve with other treatments. The facet diagnostic medial branch blocks are justified according to the ODG criteria.

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)