

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/20/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar medial branch block

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

MD, Board Certified Orthopedic Surgeon
Diplomate of the American Academy of Pain Management

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

Adverse Determination Letters, 10/9/09, 10/16/09
MD, 9/25/08, 9/30/09, 7/1/09
MRI of the Lumbosacral Spine, (wo contrast), 10/11/08
Lumbar Spine 5 views, 10/11/08
Clinic for Pain Management, 10/6/09
Letter of Medical Necessity for Lumbar Medial Branch Block, undated
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This is a female worker, injured on xx/xx/xx. She has had various treatments including conservative care in the past. The patient has pain as of 09/30/09 in the low back area radiating toward the legs with weakness and numbness into both legs, made worse by activity and relieved somewhat by recumbency. The diagnoses have been lumbar strain, facet syndrome, and radiculopathy. Apparently there is also positive straight leg raising noted due to pain. An MRI scan from 10/11/08 reveals a 1-mm L3/L4 bulge and L4/L5 herniation and L5/S1 protrusion. Previous treatments have included medications and physical therapy. The current request is for lumbar medial branch block, psychological evaluation, and physical therapy twice a week for five weeks. This particular review deals only with the requested bilateral lumbar medial branch block.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION

Unfortunately, the request for bilateral lumbar medial branch block does not specify the level to be treated. No more than two levels are acceptable per Official Disability Guidelines and Treatment Guidelines. In addition, the use of medial branch blocks is not considered by the ODG to be appropriate in the face of radiculopathy, and one of this patient's diagnoses based on the physical examination is radiculopathy. The requesting physician has not specified the levels that are requested to be performed in asking for this review. The reviewer finds that medical necessity does not exist at this time for Bilateral lumbar medial branch block.

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)