



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 11/03/09

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral lumbar medial nerve branch blocks (comparative) and physical therapy

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. SWF forms
2. TDI referral forms
3. Letters 10/15/09 and 10/20/09
4. Denial letters, 09/25/09 and 10/07/09
5. ODG-DWC Low Back - Lumbar Thoracic Chapters concerning facet joint injections and nerve blocks as well as physical therapy
6. Fax cover page, 09/22/09
7. Clinic for Pain Management, clinic notes 09/16/09 and 06/24/09
8. Imaging Center, MRI scan of lumbar spine, 06/11/09, revealing multilevel mild spondylolytic and arthritic changes, mild multilevel stenosis of the spinal canal, and neural foraminal narrowing
9. Letter of Medical Necessity, lumbar medial branch nerve block
10. Workers' Compensation authorization request, illegible

11. Open MRI scan, cervical spine, 10/08/09

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The patient is a female who suffered a slip-and-fall at work on xx/xx/xx. She has suffered cervical pain and lumbar pain with some radicular-like painful complaints subsequent to the fall. She has been treated with nonsteroidal anti-inflammatory medication, muscle relaxant medication, pain medication, and activity modifications without significant benefit. In addition, she has undergone at least ten sessions of physical therapy. Most currently a recommendation has been considered for the performance of multilevel medial nerve branch blocks. The levels have been indicated as from L1 through S1. In addition, there has been a request made for additional physical therapy to occur after the medial nerve branch blocks. The request for preauthorization has been considered, denied, reconsidered, and denied.

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

This person has suffered a lumbar spine sprain/strain/contusion in a slip-and-fall. In addition to the acute injury, she suffers an arthritic circumstance which involves not only the lumbar spine but also multiple levels in the cervical spine. Lumbar medial nerve blocks do not appear to be indicated. Their medical necessity has not been established. The prior denials of this request to pre-approve such nerve blocks, being denied the physical therapy to occur after such blocks is also denied, appropriately.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:**

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American 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 judgment, clinical experience and expertise in accordance with accepted medical standards.
- Mercy Center Consensus Conference Guidelines.
- Milliman Care Guidelines.
- ODG-Official Disability Guidelines & Treatment Guidelines, 2008, Cervical Spine Chapter, Discography passage.
- Pressley Reed, The Medical Disability Advisor.
- Texas Guidelines for Chiropractic Quality Assurance & Practice Parameters.
- Texas TACADA Guidelines.
- TMF Screening Criteria Manual.
- Peer reviewed national accepted medical literature (provide a description).

\_\_\_\_\_ Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)