



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/09/09

**IRO CASE #:**

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

Bilateral lumbar medial branch block at L4 through S1.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**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)

Medical necessity has been established per ODG Guidelines for the requested procedure.

**INFORMATION PROVIDED FOR REVIEW:**

1. URA notes, 6-19 to 7-24-09
2. , MD, Requests for preauthorization, 6/8 and 7/20/09
3. , MD, Letter of necessity, July 20,2009
4. , MD, office notes, 5/17/08 to 5/7/09
5. Open MRI, MRI-LS Spine, 2/23/2008
6. , Electrodiagnostics of the lower extremities, 3/11/2009
7. , DO, peer review, 9/16/2008
8. , MD, office notes, 2/15 to 2/22/08
9. , MD, office notes, 4/1/08 to 3/17/09

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

This individual has low back pain after a work-related injury that has failed conservative treatment.

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

The ODG criteria for diagnostic lumbar facet blocks have been met:

1. The procedure is a diagnostic medial branch block.
2. The injured worker has low back pain that is nonradicular; two levels are requested bilaterally.
3. There has been failure of conservative treatment including physical therapy, home exercise, and medication.
4. Two facet levels are requested bilaterally.
10. There is no surgical procedure anticipated.
11. This individual has not had a fusion.

**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.
- 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.)