

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 09/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Diagnostic S1-S4 median branch nerve block of the rt sacroiliac joint

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Assignment to 08/31/2009
2. Notice of assignment to URA 08/31/2009
3. Confirmation of Receipt of a Request for a Review by an IRO 08/28/2009
4. Company Request for IRO Sections 1-8 undated
5. Request For a Review by an IRO patient request 08/25/2009
6. letter 08/19/2009, 08/05/2009
7. Preauthorization request not dated, letter from physician 08/11/2009 & 07/08/2009, follow up 08/25/2009, 07/09/2009, consult 06/18/2009, follow up 06/04/2009, 03/05/2009, 01/05/2009, 12/05/2008, medical note 11/21/2008, radiology report 10/29/2008, OP report 06/04/2008, MRI 11/28/2006
8. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient is diagnosed with low back pain that radiates into the right leg that is 4-6 on a scale of 0-10. On physical exam, there is decreased range of motion with a positive rock test on the right, positive Gaenslen tests bilaterally, positive Patrick test on the right, and there is tenderness of the sacroiliac joints bilaterally in the lumbar region. Motor and sensory are within normal limits. Patient is on Duragesic and Lorcet. Patient has had treatment with epidural steroid injections, TENS unit, and laminectomy in 1998. Patient also had an intrathecal pump that was removed in 2000.

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

The request is for medical necessity of Diagnostic S1-S4 median branch nerve block of the right sacroiliac joint. The determination is non-certification. The Official Disability Guidelines' chapter on low back pain, state under facet joint injections, which are medial branch blocks, that no more than two levels should be done at once. This request is for a three-level injection: S1-S2, S2-S3, and S3-S4. The documentation reviewed is not supportive to the medical necessity of the proposed request and should be denied.

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

- 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 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)