

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar X-Ray
Lumbar Trigger Point Injection
Bilateral Lumbar Medial Branch Block
Bilateral EMG/NCV Lower Extremities
(95934, 95904, 95903, 64476, 64475, 20553, 20550, 72100, 72110)

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

MD, Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine

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

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 6/29/09, 7/17/09
MD, 6/22/09
MRI of the Lumbar Spine, 6/10/09
Follow Up Visit, 6/12/09, 4/27/09, 5/11/09, 5/19/09, 5/26/09, 6/25/09
Clinic, 5/13/09, 5/20/09, 5/2/09, 6/3/09, 6/10/09,
6/12/09, 6/29/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old man injured at work on xx/xx/xx. He was having back pain. There was no description of radicular pain in the records. He completed 4 weeks of physical therapy. An MRI done on 6/10/09 showed "1) Mild spondylotic changes in the lower lumbar spine with disc disease at L4/5 and L5/S1 levels. 2) Narrowing of the spinal canal as follows: mild at L4-5 and L5-S1 levels. 3) Narrowing of the neural foramina as follows: mild to moderate at L4-5 and L5-S1 levels." There was no report of any nerve compromise on the MRI. Dr.

examination on 6/22/09 showed no neurological loss with normal sensation, motor function and reflexes. He described "exaggerated lumbar lordosis" (sic) with local generalized lower back tenderness and restricted motion. Dr. requested Lumbar X-Ray, Lumbar Trigger Point Injection, Bilateral Lumbar Medial Branch Block, and Bilateral EMG/NCV Lower Extremities. The procedures were denied by peer reviewers.

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

The reviewer finds that medical necessity does not exist for Lumbar X-Ray, The ODG restricts the use of X-rays in the absence of cited "red flags." Records indicate there is no direct bone trauma or neurological loss in this case. Since an MRI has already been done, there is no justification for lumbar X-rays, either the 3 or 4 views coded in the reconsideration request.

The reviewer finds that medical necessity does not exist for Lumbar Trigger Point Injection. The ODG has criteria for trigger points, and none were met in the medical evaluation. In the absence of the presence of trigger points, trigger point injections cannot be approved. There was no description of pain in a tendon sheath or on a ligament to validate the need for these injections. Without this information, there is no justification for this procedure.

The reviewer finds that medical necessity does not exist for Bilateral Lumbar Medial Branch Block. The diagnostic medial branch is recommended by ODG if a facet neurotomy is considered. The ODG only recommends that 2 levels be injected. The provider has not stated in the records which level(s) he is proposing be injected. The ODG requires that the indicators for facet pathology demonstrate no evidence of any sensory loss, no radicular findings and a normal SLR. These were present in this particular case. The tenderness should be over the facet region. Dr. described tenderness over the "bilateral paravertebral area, facet joint area, PSIS area, sacroiliac joint, infraglutal area, iliolumbar and sciatic notch area. Tenderness over the vertebral spinous process." These are generalized findings and do not support the localization of the pain over the facet joints to warrant the facet or medial branch diagnostic block. In addition, "There is good or fair evidence from randomized trials that...facet joint injections... are not effective." Spine 34: 1089. 2009 "Nonsurgical Interventional Therapies for Low Back Pain A Review of the Evidence for an American Pain Society Clinical Practice Guideline."

The reviewer finds that medical necessity does not exist for Bilateral EMG/NCV Lower Extremities. Nerve conduction studies are not recommended per the ODG. H reflex studies, which assess S1 radiculopathy, can be recommended when there is evidence to suggest a radiculopathy. However, in the absence of lower extremity complaints or neurological abnormalities, there is no justification or need for the EMG and H reflex studies.

The reviewer finds that medical necessity does not exist for Lumbar X-Ray, Lumbar Trigger Point Injection, Bilateral Lumbar Medial Branch Block, Bilateral EMG/NCV Lower Extremities (95934, 95904, 95903, 64476, 64475, 20553, 20550, 72100, 72110).

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)

Spine 34: 1089. 2009 "Nonsurgical Interventional Therapies for Low Back Pain A Review of the Evidence for an American Pain Society Clinical Practice Guideline."

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)