

SENT VIA EMAIL OR FAX ON
Sep/21/2009

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Medial Branch Block Facet Injection at the L4-L5 and L5-S1

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 8/3/09 and 7/31/09 and 8/14/09

Pain Associates 6/25/09 thru 7/23/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man reportedly injured on xx/xx/xx while moving a pipe or had a pip fall on him. I was not clear. He has low back pain. Dr. wrote on 6/25/09 that is was radicular to both lower extremities. He had local tenderness at L4/5 and L5/S1. There is some reduced sensation along the right lateral thigh that predated the injury. He had PT and requests for additional therapy were declined. He had hydrocodone, but refuses this. He reportedly wants to get back to work. He reportedly had a normal EMG a year ago. The Reviewer does not see any comments about any MRI of the lumbar spine. NSAIDS do not help.

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

The first issue is whether or not he has facet pain. Although radiological studies are not necessarily consistent with facet pain, the Reviewer would like to know what they demonstrated. No specific physical finding, historical point or radiological finding can confirm the diagnosis. Only the nerve blocks do, but there is a high incidence of false positive findings. The ODG does have suggested criteria, and he meets these. The sensory finding predated the injury and otherwise, there is no neurological loss. The ODG advises no more than two joints levels be injected. The requestor asked for two on each side of a bilateral block. The person appears to have met the criteria for the blocks.

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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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