

Prime 400 LLC

An Independent Review Organization
240 Commercial Street, Suite D
Nevada City, CA 95959
Phone: (530) 554-4970
Fax: (530) 687-9015
Email: manager@prime400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4-5 and L5-S1 medial branch block using fluoroscopy

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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

Adverse Determinations, 2/15/10, 3/4/10

Back Institute 2/1/10, 1/28/10, 1/18/10, 1/11/10, 11/23/09, 2/2/10

M.D. 7/1/09

2/2/09

M.D., P.A. 10/15/09, 10/27/09, 9/8/09, 8/10/09, 7/22/09

3/4/10

ODG Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This patient complains of low back pain. In addition, the patient complains of right anterior thigh paresthesias. The patient has undergone bilateral L3 and L4 medial branch radiofrequency nerve ablation without any pain relief. A physical exam performed on 1/18/10 shows tenderness to palpation over the "lumbar area and sacral region." Specifically, the pain is described as being localized "at about the L4-5 level." There is no mention as to what side of the lumbar spine is tender.

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

Since the patient did not respond to the radiofrequency nerve ablation at the L3 and L4 medial branches (correlates with the L4-5 facet joint), it would not be appropriate to repeat

this procedure at this level per the ODG. The physical exam only mentions tenderness at L4-5. There is no mention as to what side is tender. The request does not satisfy the ODG Guidelines and Treatment Guidelines. The reviewer finds that medical necessity does not exist at this time for Right L4-5 and L5-S1 medial branch block using fluoroscopy.

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)

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