

SENT VIA EMAIL OR FAX ON
Aug/03/2010

Applied Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/31/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4 selective nerve root injection

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 6/23/10 and 7/2/10
Back Institute 3/26/09 thru 6/16/10
Dr. 3/29/10 and 3/31/10
Dr. 2/3/10 thru 5/5/10
MRI 1/8/09
Dr. 2/11/09

PATIENT CLINICAL HISTORY SUMMARY

This is a injured on xx/xx/xx. She developed back pain and pain in the left lower extremity, reportedly more in the left L5 dermatome, but also in the L4 and S1 region (Dr.). An EMG on 3/31/10 did not show any evidence of a lumbar radiculopathy. Her MRI (1/8/09) showed a disc bulge at L3/4, and another at L4/5 with "mild to moderate narrowing of the left neural foramen." The L5/S1 was normal. Dr. and others noted weak ankle dorsiflexors. Apparently there were notes not provided that included spinal injection in January and March 2009. Dr. reportedly did an RME (2/1/10) and cited a significant number of positive Waddell signs. Again, that report is not provided. Dr. is considering the selective nerve root block. If it worked, then he is to be in the COPE program, if not, then surgery.

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

The selective nerve root blocks fall into the ESI category. The goal is to determine the level of the pain. There is no evidence of prior surgery as per indication 5. Indication 1 involves ambiguity. There is the question of the L4 foraminal narrowing that would compromise the L4

root. Indications 2 and 3 do not appear to be appropriate. Indication 4 would appear appropriate. The IRO reviewer did not have the extra records (RME, surgical opinions, the prior ESIS) cited by the other reviewers in their denial. The IRO reviewer must make their decision based on the material provided. As such, she meets criteria 4. Radicular pain can be present and not be associated with abnormal electrodiagnostic studies. Therefore, the request is medically necessary.

Selective nerve root blocks

See [Epidural steroid injections, diagnostic](#).

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
- 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;**
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

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)