

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Jul/19/2010

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-L5 Medial Branch Nerve Facet Blocks

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

M.D., Board Certified in Anesthesiology and Pain Management

### 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

Denial Letters, 6/1/10, 6/26/10

Pain Consultants 5/25/10, 5/18/10, 5/3/10, 3/24/10, 3/12/10, 10/20/08, 9/30/08, 9/29/08

M.D. 2/24/10

OSMS 7/29/08, 7/15/08, 7/1/08, 6/25/08, 7/10/08, 5/6/10

Medical Center 5/20/10, 11/13/09

Medical Center 5/20/08

### PATIENT CLINICAL HISTORY SUMMARY

On 5/25/10, the patient complained of pain in the "lower back." Prior to this office visit, the patient complained of "back and bilateral leg pain." The patient received a bilateral L5 transforaminal epidural steroid injection (TFESI) on 5/18/10. The patient was therefore re-evaluated approximately 7 days after this TFESI. On 5/25/10, the patient only complained of "lower back pain." There is no mention of the patient being involved in an active treatment program. The neurological exam performed on 5/25/10 does not have a documented sensory exam. A general statement of "motor intact" is noted. This is non-specific and does not provide any helpful information. Specific nerve roots tested for motor strength are not documented.

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

On the date in which the medial branch block was recommended, it had only been 7 days since the TFESI had been performed. On that date, the patient was experiencing relief in the bilateral lower extremities. However the patient was not involved in an "active treatment program" as recommended by the ODG in patients that have received a TFESI. Specifically the ODG states, "the purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit." Because it is still too early to see the full effect of the steroid, it is unclear whether or not the patient has received significant relief in combination with an active treatment program.

The ODG states that facet mediated pain is suggested if there is a “normal sensory exam” and a “normal straight leg raising exam.” Neither one of these physical exam maneuvers is documented on 5/25/10 when the medial branch blocks were recommended. For these reasons, the reviewer finds there is no medical necessity at this time for Bilateral L4-L5 Medial Branch Nerve Facet 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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