



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 1/27/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute is a stat OP Medial Branch Block @ L4, L5 and S1 (64475/76, 77012 and 99144pnr).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been in active practice for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of stat OP Medial Branch Block @ L4, L5 and S1 (64475/76, 77012 and 99144pnr).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

MD.

These records consist of the following (duplicate records are only listed from one source): Dr., 12/9/08 EMG report, 1/8/09 lumbar MRI report, 2/11/09 report by MD, SOAP notes by MD 8/25/09 to 10/15/09.

: chart cover sheet 10/7/09, SOAP note by Dr. 9/16/09 and 10/9/09 denial letter.

We did not receive the WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured when he fell. The date of injury was xx/xx/xx. An initial diagnosis of lumbar strain was provided. Records indicate that a L4-5 hemi laminotomy was performed on December 6, 2007 by Dr. Dr. notes indicate that on August 25, 2008, the patient had medial branch block injections.

Dr. followed the patient for pain management. The first note provided for review from him is dated September 16, 2008 and at that time, the patient had chronic pain, failure to improve with extensive conservative treatment, evidence of lumbar spondylosis, and a lumbar post laminectomy syndrome with low back pain without radicular pain. Dr. working diagnosis was facet joint mediated pain. The patient was taking Lyrica, Pristiq, Klonopin, Norco, and Ultram ER for pain management.

Electrodiagnostic studies were performed by M.D. on December 19, 2008 and these showed evidence of changes attributed to pain and muscle guarding. An MRI of the lumbar spine performed on January 8, 2009 showed mild central and right paracentral disk protrusion at the L3-4 level, left L4-5 epidural fibrosis with mild bilateral facet hypertrophy and bulging annulus without evidence of nerve root compromise at L4-5, and mild bulging of the annulus at L5-S1 with mild bilateral facet hypertrophy

On February 11, 2009, M.D., a neurologist, recommended that the patient continue medications, add a muscle relaxer, and continue aggressive pain management including repeat injections and blocks. On August 25, 2009, Dr. noted that the patient had lost 34 pounds since his last visit on June 30, 2009. Dr. has requested medial branch blocks at L4, L5, and S1.

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

The patient injured his lower back in xxxx. He underwent an L4-5 hemi laminotomy on December 6, 2007. He has had chronic pain without a radicular component and has been undergoing chronic pain management with aggressive medication management. He has had a recent weight loss. On August 25, 2008, the patient underwent a diagnostic left medial branch blockade. According to Dr. note of September 22, 2009, this was a diagnostic medial branch blockade at L4, L5 and S1. Results of the blockade were that there was a reduction in pain of 60% to 70% which lasted for seven hours, and then there was a return of 100% of the initial pain. Dr. notes from September 22, 2009 indicate that because of his response to the medial branch blockade, he may be a candidate for radiofrequency neuro ablation.

ODG Guidelines state that criteria for use of therapeutic intra-articular and medial branch blocks are that there should be no more than one therapeutic block. The statement regarding facet joint medial branch blocks is that medial branch blocks are not recommended for treatment, but rather as a diagnostic tool. "One set of medial branch blocks is recommended prior to a neurotomy. Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself." The Guidelines further state that "there is no peer-reviewed literature to support a "series" of therapeutic facet blocks." Mr. has already had the medial branch block recommended by the ODG Guidelines, and the results are documented in the medical record. Repeat medial branch blocks are not recommended by the ODG Guidelines for diagnostic purposes or treatment.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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)**