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Notice of Independent Review Decision

Date of the Notice of the Decision: 01/22/10 (REVISED 01/26/10)

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 01/22/10 (REVISED 01/26/10)

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Selective nerve root block at L5-S1.

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

Board Certified in Orthopedic 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Selective nerve root block at L5-S1 - upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Physical therapy with D.C. dated 09/30/09, 10/18/09, 10/20/09,

An MRI of the lumbar spine interpreted by an unknown provider (no name or signature was available) dated 10/28/09

A patient referral form from Dr. dated 10/30/09

An evaluation with an unknown provider (no name or signature was available) dated 11/04/09

X-rays of the lumbar spine interpreted by M.D. dated 11/04/09

Authorization requests for surgery from Dr. dated 11/06/09 and 11/20/09

A letter of non-certification, according to the Official Disability Guidelines (ODG), from D.O. at The dated 11/11/09

A letter of non-certification, according to the ODG, from M.D. dated 11/25/09

The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

Chiropractic therapy was performed with Dr. on 09/30/09, 10/18/09, and 10/20/09. An MRI of the lumbar spine interpreted by an unknown provider on 10/28/09 showed disc space narrowing and desiccation at L5-S1 with a posterior central and slightly right paracentral subacute or healing disc protrusion, mild thoracolumbar kyphosis, and mild tortuosity of the left renal artery. On 10/30/09, Dr. provided a patient referral form to see Dr.. X-rays of the lumbar spine interpreted by Dr. on 11/04/09 showed an L5-S1 herniated nucleus pulposus. On 11/06/09 and 11/20/09, Dr. requested authorization for surgery. On 11/11/09, Dr. wrote a letter of non-certification for a selective root nerve block at L5-S1. On 11/25/09, Dr. wrote a letter of non-certification for the selective root nerve blocks at L5-S1.

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

The Selective nerve root block at L5-S1 does not appear reasonable or necessary. The claimant does not have any signs or symptoms of radiculopathy. The back pain is present with radiation into the buttocks and the proximal thigh. This is not radicular in nature; this is the referred pain from the lower back. This type of back pain does not respond to epidural injections and the epidural injections do not help back pain. Therefore, as has been pointed out, this claimant does not meet the Official Disability Guidelines criteria and should not receive the transforaminal nerve root block.

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 AND KNOWLEDGE BASE
- 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)

This review has been based upon the Official Disability Guidelines and the definition of radiculopathy as provided in the AMA Guidelines to the Evaluation of Permanent Impairment.