

SENT VIA EMAIL OR FAX ON
Jan/18/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

Amended 1/28/10 (Item in dispute and Analysis)

DATE OF REVIEW:

Jan/18/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Nerve Root Block L5 **and MAC**

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)

MAC is not medically necessary, but the Nerve Root Block is necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 11/23/09 and 1/6/10

Dr. 5/28/09 thru 1/4/10

Regional Medical 8/5/09

Electrodiagnostic Lab Report 6/25/09

Radiology Reports 1/24/04, 4/7/04, 1/29/04, 12/28/06

Consult 1/11/05

7/24/09

Dr. 7/28/09

Dr. 8/13/09 and 11/10/09

PATIENT CLINICAL HISTORY SUMMARY

This man reported was injured in xx/xx. He subsequently underwent a discectomy in 2004 and a stimulator in 2008. He developed ongoing left lower extremity pain with coolness and hyperalgesia. He had a left L3 sympathetic block that helped for a few weeks in July 2009. An EMG showed chronic without acute left I5 radiculopathy. The radiological studies showed severe lateral recess stenosis at I5 with a disc protrusion at L4/5.

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

The man has chronic problems. He received transient relief for treatment of RSD. The ODG considers this a diagnostic procedure, but Dr. is considering this as both a diagnostic and therapeutic one. The "chronic L5" findings on the emg did not negate the possibility of a sensory radiculopathy/radiculitis, that has no emg changes. The clinical presentation and the radiological findings are consistent with the L5 radiculopathy. Other treatments did not help. He had the prior spinal surgery. **The procedure may help identify the radicular pain from the possible RSD. This justifies the single injection. However, the MAC is not medically necessary. The IRO reviewer could not find a justification in the treating doctors records for the need for regional anesthesia. There are doctors who know their patient and feel that if the patient is very anxious and needs anesthesia in order to have the procedure performed. His notes did not describe any anxiety issues about this.**

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)