

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Bilateral L4-S1 facet injection using median branch approach

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

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

Adverse Determination Letters, 12/1/09, 12/11/09

D.O. 8/26/09

Pain Management 11/19/09, 10/5/09

M.D. 12/3/09, 11/10/09

Physical Therapy 12/29/03, 12/19/03, 12/16/03, 12/17/03, 12/16/03, 12/24/03, 12/23/03, 12/22/03, 12/31/03, 1/8/04, 1/7/04, 1/2/04, 1/5/04, 1/16/04, 1/15/04, 1/12/04, 1/8/04, 1/24/04, 1/22/04, 1/20/04, 1/26/04, 1/28/04, 2/5/04, 2/3/04, 2/13/04, 2/10/04, 2/6/04, 2/11/04, 2/20/04

Radiology 12/9/03

Health Care 12/12/03

Health 12/22/03, 12/12/03, 1/2/04, 1/9/04, 1/23/04, 2/6/04, 3/1/04, 3/28/04, 4/22/04, 5/17/04, 6/28/04, 6/21/04, 7/6/04

MRI 1/5/03

M.D., P.A. 3/4/04

University Health Sciences Center, 5/13/04

ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY SUMMARY

This patient complains of pain in "the lumbar spine with left lower extremity radiculopathy." The patient is noted on the OV note dated 10/5/09 to have a history of spinal fusion. A lumbar MRI performed on 8/26/09 supported this. It showed that the patient has a fusion at L4-S1.

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

Per the ODG, "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." The request for medial branch

blocks for this patient would not be considered appropriate since the levels in which they are being requested are the same as the levels that are already fused. No explanation has been provided as to why the ODG should not be followed in this patient's case. The reviewer finds that medical necessity does not exist for Bilateral L4-S1 facet injection using median branch approach.

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)