

SENT VIA EMAIL OR FAX ON
Jan/08/2010

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/07/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SNRB (2nd) Left L4 L5

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 12/15/09 and 12/7/09
Dr. 9/21/09 thru 11/25/09
11/12/09
OP Report 11/16/09
MRI 10/2/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured on x/xx/xx. He has left lower extremity pain and paresthesias reportedly in the L4 distribution. His examination showed weakness in left foot dorsiflexors and heel walking. The EMG reportedly showed a chronic L5 radiculopathy (11/12/09). The MRI showed disc bulges at L2 to L4. There was L5/S1 facet hypertrophy and an L4/5 disc protrusion on the MRI (10/2/09) without documented nerve root compression. He had a selective nerve root block at L4 and L5 on 11/16/09. The follow up note on 11/25 reported 30-

40% improvement. A request was made to repeat the selective nerve root blocks to enhance the pain relief.

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

First, the ODG only approves selective nerve root blocks as an ESI for diagnostic purposes. The request for the procedure is for a therapeutic block. This would not meet the ODG criteria for the repeat diagnostic procedure for a therapeutic purpose. The reviewer presumes the request was intended for something else. This man appears to meet the ODG criteria of a radiculopathy for ESIs. One criteria is to utilize the ESI with a therapy program. I did not see that was involved in the treatment in the note 9 days post procedure. That would be a basis of denial of a repeat procedure. Further, repeat therapeutic blocks are justified when there is at least 50% or more relief with the injection for at least 6 weeks. This man had 30% for 9 days. This does not meet the ODG criteria for the procedure.

ODG

Selective nerve root blocks

See [Epidural steroid injections, diagnostic](#).

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)