

SENT VIA EMAIL OR FAX ON
Feb/24/2010

Applied Resolutions LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Lumbar Selective Nerve Root Blocks at L4/S1, Series of Three

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 1/25/10 and 2/2/10
Dr. Office 8/19/09 thru 1/11/10
CT Lumbar Spine 5/8/08
PT Eval 12/1/08
Neurology 9/29/08
MR Lumbar Spine 7/31/07
Ortho 9/10/09
Workmen's Comp 2/14/08
Dr. 10/27/08
OP Report 5/8/08

PATIENT CLINICAL HISTORY SUMMARY

This is a woman injured on xx/xx/xx. She currently has back pain more on the left than the right, but going down the posterior lateral left leg to the lateral toes. Dr. first treated her. She reportedly had 2 ESIs by Dr. that made her worse. Dr. is currently treating her. He wants to try a third ESI as a diagnostic block. He first saw her on 8/19/09. His examination described reduced sensation on the left in the L4/5/S1 distribution. He found her reflexes equal. His more recent examinations describe a left positive SLR at 15 degrees and local lumbar tenderness. Her strength was normal. His 10/13/09 note shows a request for a lumbar emg.

Her MRI 7/2008 described degenerative changes and a left disc bulge at L5/S1. The Discogram/CT in 5/08 described disc protrusions with annular tears at L4/5 and L5/S1. There were no comments about nerve root compression on either study. Electrodiagnostic studies on 9/08 were normal. These included paraspinal studies that the patient told Dr. were not performed.

Dr. performed a DD exam on 9/10/09 and found no atrophy. She had positive SLR bilaterally at 60 degrees, but with some left lower extremity symptoms. Dr. did not describe any neurological exam.

Dr. examined her on 2/14/08. He found decreased left lateral foot sensation, absent left ankle jerk, no motor loss, positive left side Patrick test and bilateral positive SLR.

She was noted to walk with a cane.

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

She has radicular pain in a dermatomal distribution described by Dr. and Dr.. There are the sensory changes noted. Dr. found no reflex abnormalities or motor loss such as atrophy or weakness. The ODG relies on the AMA Guides for the support of a radiculopathy. Her MRI showed degenerative changes, but no frank disc herniation or nerve root compromise. The EMG is normal. So the mixed examination is consistent with a radiculopathy.

The ODG, however, only allows 2 diagnostic blocks. The second is when the first was inconclusive. The second can also be performed if the technique differs from the first to compensate for erroneous technique. The reviewer does not know which techniques Dr. used for his 2 ESIs. A third ESI, even with a different doctor, is not warranted without knowing why or how Dr. did his block. Repeat therapeutic blocks can be justified based upon how effective they were. This and the question of the series of 3 blocks are not a subject for discussion at this time. .

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)