

SENT VIA EMAIL OR FAX ON
May/05/2010

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/01/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L5-S3 Dorsal Ramus Lateral Branch Block with Lidocaine then Ropivacaine

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 4/1/10 and 4/13/10
Dr. 1/18/10 and 2/25/10
Letters from Patient 3/30/10, 4/5/10, 4/14/10
Dr. 2/2/10
Bone & Joint Clinic 4/8/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in x/xx. He had ongoing back pain and degenerative changes. He had prior back surgery in 2007. He underwent a fusion in July 2009. He apparently had ongoing back pain. Dr. described SI pain and local tenderness. He reportedly performed a Bilateral SI injection in 11/09 that provided 3 weeks of relief and now wished to perform the requested procedure. Dr. saw this man on 2/2/10 and found no local SI pain.

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

First, the patient said Dr. found local SI pain and Dr. is wrong. With only the records to review, the IRO reviewer will concede that Dr. found local pain. However, the ODG discusses SI injections in the Pelvis section. First, the diagnosis of SI pain requires at least 3 of the findings in the SI block section. Only local tenderness was described. Further, the ODG cites the APS report in Spine in 2009 of the undocumented value of SI injections. The ODG does not discuss the dorsal ramus blocks for SI pain. The ODG does not justify therapeutic medial

branch blocks for facet pain, an extrapolation of the lumbar section. Further, the local block would presumably be prior to RF neurotomy, a procedure not approved. Therefore the requested procedure is not medically necessary.

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)