SENT VIA EMAIL OR FAX ON
Apr/29/2010

Applied Assessments LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Medial Branch Nerve Block L3-S3 right

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 2/25/10 and 3/10/10
Dr. 12/2/09 thru 1/27/10
OP Report 1/5/10

PATIENT CLINICAL HISTORY SUMMARY
This xx was injured on xx/xx/xx with a twisting fall at work. She developed neck and low back pain. She gets 3 months or relief with cervical facet blocks. She has low back pain. Dr. described lumbar grinding with pain in the erect standing and pain on both the Patrick and Yeoman testing. She had pain and tenderness from L3 to S1 with local palpation of the right side, but not on the left. She had an SI injection in January that provided a week of relief. Dr. reports he wants to inject the 6 nerves that innervate the SI and facet regions. These include L3 to S1 roots. This is in preparation for a facet rhizotomy.

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

The first issue for facet injections is does this lady have facet-generated pain. She meets these loose criteria. MBB are justified as a diagnostic tool for facet joint pain management. It is to be limited to 2 levels. The request her is for 6 levels. The ODG does not discuss facet injections below S1. The request here is to reach S3. The ODG also does not support SI neurectomy/rhizotomy as unproven, although it later hedged about some preliminary evidence supporting S1-S3 level treatment.

In short, he is asking to perform multiple levels in excess of what is approved with the ODG, plus the plan is follow with a questionable procedure at the SI region. The IRo reviewer did not see any explanation why there should be a variance from the ODG.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)