

SENT VIA EMAIL OR FAX ON
Mar/31/2011

Pure Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/31/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Right L4/5 MBB with Fluoro

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

Board Certified Anesthesiologist/Pain Management

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

1. Utilization review determination 01/26/11 regarding non-certification lumbar right L4-5 MBB with fluoro
2. Reconsideration/appeal request review 03/08/11 regarding non-certification lumbar right L4-5 MBB with fluoro
3. Office/clinic notes 08/30/10 through 02/14/11 (multiple providers)
4. Procedure report right L4-5 transforaminal epidural steroid injection 12/17/10
5. EMG/NCV 12/07/10
6. Physical therapy initial evaluation and daily progress notes 09/09/10 through 10/15/10
7. MRI of the lumbar spine without contrast 09/03/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a XX-year-old male whose date of injury is XX/XX/XX. Records indicate he works for X loading X onto X. He apparently was pulling a cart full of X when he slipped on an extension cord connector and fell backwards. He complains of pain and discomfort in the back with some pain down the right leg. MRI of the lumbar spine dated

09/03/10 revealed a mild lumbar spondylosis. At L4-5 there is mild spinal canal stenosis with moderate left foraminal narrowing. There was multilevel mild bilateral facet osteoarthritis noted. The injured employee was treated conservatively with a course of physical therapy. Electrodiagnostic testing performed 12/07/10 was reported as a normal study in both lower extremities. The injured employee underwent right L4-5 transforaminal epidural steroid injection on 12/17/10. On follow up the injured employee reported zero improvement following injection.

A request for lumbar right L4-5 medial branch block (MBB) with fluoro was reviewed by Dr. on 01/26/11. Dr. noted that the injured employee's chief complaint is low back pain and right lower extremity pain. The injured employee tried physical therapy but states it caused more pain. MRI was noted to show mild lumbar spondylosis and at L4-5 mild canal stenosis with moderate left foraminal narrowing and a mild disc bulge. The injured employee had recent epidural steroid injection, which did not help. Dr. noted that current physical examination revealed tenderness with painful range of motion. He further noted that there was no documentation provided with regard to the failure of the injured employee to respond to conservative measures such as evidence based exercise program and medications prior to the proposed procedure. Accordingly he determined the request for right L4-5 medial branch blocks with fluoroscopy was non-certified. A reconsideration/appeal request for lumbar right L4-5 MBB with fluoro was reviewed on 03/08/11 by Dr.. Dr. determined the request to be non-certified. He noted that based on medical records dated 02/07/11 the injured employee does not have lower extremity pain. Palpation of the injured employee's lower lumbar, lumbosacral and sacroiliac areas elicits tenderness. Sensation was intact to light touch. The official MRI report did not demonstrate neural foraminal stenosis at right L4-5. Most recent note recommended the injured employee for a lumbar discogram. As such the request could not be established at this point.

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

Based on the clinical information provided, the request for right L4-5 medial branch block with fluoroscopy is not indicated as medically necessary. The injured employee is noted to have sustained an injury to the low back when he tripped and fell backwards on XX/XX/XX. MRI of the lumbar spine reported mild lumbar spondylosis, with mild spinal canal stenosis and moderate left foraminal narrowing at L4-5 with mild to moderate disc bulging central to the left. There was multilevel mild bilateral facet osteoarthritis also noted. The injured employee participated in a course of physical therapy without improvement. Electrodiagnostic testing was reported as normal, but the injured employee underwent epidural steroid injection on 12/17/10 with no benefit. Physical examination on 01/25/11 reported +/- tenderness to palpation in the lumbar paraspinal muscles on the right. There was significant tenderness to palpation over the SI joint on the right and also positive Ostergaard's and positive dorsolateral compression test. There was negative Lasegue's and negative Gower's tests, and negative slump test. Motor strength was 5+ throughout. Reflexes were 2+ including patellar and Achilles reflexes. Sensory examination was within normal limits. Kemp's test was positive towards the right. On 02/07/11 the injured employee was noted to have no pain with palpation of the upper lumbar spine, but discomfort with palpation of the lower lumbar, lumbosacral and sacroiliac areas. Range of motion of the lumbar spine was markedly limited to forward flexion, extension, left and right lateral bending and left and right lateral turning. The injured employee was able to heel and toe walk with some difficulty. Motor examination reported 5/5 strength, except for 4+/5 motor strength in the EHL bilaterally. Sensation was intact throughout the bilateral lower extremities. Deep tendon reflexes were 1/4 and equal bilaterally at the knees and ankles. Straight leg raise was negative bilaterally in the seated position but positive in the supine position at 45 degrees bilaterally. There was no clear evidence of facet mediated pain on clinical examination. The injured employee was then recommended to undergo discogram to determine if the injured employee was an appropriate candidate for artificial disc replacement. Based on the clinical data presented, medical necessity was not established for lumbar right L4-5 medial branch block with fluoroscopy.

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)