



7331 Carta Valley Drive | Dallas, Texas 75248 | Phone: 214 732 9359

Notice of Independent Review Decision

DATE OF REVIEW: 8/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-L5, L5-S1 Medial Branch Block no CPT code given

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

D.O. Board Certified in Anesthesiology and 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

Document Type	Date(s) - Month/Day/Year
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Texas Department of Insurance Notice of Case Assignment	8/01/2011
Health Care Workers' Comp Services Notification of Adverse Determinations	7/26/2011-7/29/2011
Rehabilitation Medicine and Pain Clinic Clinical Notes	3/25/2011-7/19/2011
Rehabilitation Medicine & Pain Clinic Physical Therapy Evaluation Forms	4/04/2011-5/13/2011
Imaging Center MRI Report	6/15/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who sustained an injury from an MVA on xx/xx/xx. Doctor note on 7/19/2011 states the patient is complaining of right shoulder pain and severe low back pain about 6 to 8/10. Doctor 6/20/2011 note stated the patient complains of severe pain and shooting pain from the lower back to the knee area when he stands for more than 5 or 10 minutes.

Patient underwent conservative treatment with little relief. He had an MRI of the lumbar spine dated 6/15/11 showing mild degenerative changes with dessication seen at L4-L5, and L5 –S1 without spinal canal stenosis. On physical examination, he had pain on motion of the lumbar spine, negative leg raise test, deep tendon reflexes equal bilaterally and quadrant loading causing pain in the lumbar facet area and no apparent radicular pain.

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

According to Official Disability Guidelines references, and based on the clinical information submitted for review, because the patient had conservative treatment with little relief, the request for outpatient bilateral L4- L5, L5- S1 medial branch block is certifiable for diagnostic purposes. If patient responds with 60-70% pain relief, a rhizotomy would be appropriate next.

The patient has low back pain with no radicular components and had a negative leg raise test, deep tendon reflexes were present and equal bilaterally, MRI showed joint arthropathy at L4-L5 and L5-S1, and a positive loading test that showed pain in the lumbar facet area.



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REFERENCES: OFFICIAL DISABILITY GUIDELINES.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN 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