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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/06/2011

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Medial Branch Block 64493 77003

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

M.D., Board Certified Orthopedic 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

Official Disability Guidelines

Utilization review 10/27/11, 11/09/11

response regarding disputed services 11/17/11

History and physical reports 12/05/05-08/04/06

Designated doctor evaluation Dr. 04/05/06

MRI lumbar spine 05/05/06, 04/18/07

Radiographs lumbar spine 04/18/07

Total body bone scan 06/27/07

Orthopedic consult and subsequent orthopedic reports Dr. 09/25/06-10/14/11

Operative report epidural steroid injection 11/15/06, 02/13/07, 02/27/07

CMT/ROM 01/08/07-03/18/11

Designated doctor evaluation Dr. 03/13/07, 07/31/07

Designated doctor evaluation Dr. 12/05/07

Battery for health improvement 2 (BHI-2) 08/21/08

Prior utilization review determination and IRO reviews 2008 and 2009

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who reportedly was injured on xx/xx/xx when she lifted a 5-gallon can of paint and felt pain in her lower back. The claimant states she dropped the can and when she bent over to pick it up she again felt pain in the lower back. Imaging studies revealed multilevel disc pathology at L3-4, L4-5 and L5-S1, with a 5-6 mm retrolisthesis at L4-5. A total body bone scan was performed on 06/27/07 and revealed degenerative and/or postsurgical changes involving L5-S1, with borderline mild increased uptake on the left side of L4. The records indicate the claimant was treated with physical therapy and epidural steroid injections. She has a remote history of previous lumbar laminectomy performed in the

1980s. The claimant reported that epidural steroid injections provided benefit. Orthopedic report dated 07/08/11 noted the claimant has been participating in at home physical therapy and increasing mobility with little relief. She presents with low back pain rated 8/10 with constant pain in the back area, discomfort with side-to-side movement, soreness and stiffness. She has pain that radiates to the bilateral lower extremities right greater than left. She states medications help control her symptoms. She is not interested in surgical intervention at this time. Examination of the lumbar spine revealed tenderness on her mid to lower lumbar region with decreased range of motion in flexion and extension. Palpable spasms were noted. Straight leg raise elicited back pain only. Motor strength was weakened on the right compared to the left. There were mild paresthesias in the lateral aspect of the right lower extremity. Reflexes remain 2+ and symmetric. Options were discussed and possible medial branch block on the right was considered for persistent pain. Orthopedic report dated 10/14/11 indicated the claimant is interested in proceeding with medial branch blocks of the lumbar spine. On examination of the lumbar spine there is tenderness in the mid to lower lumbar region and decreased range of motion with flexion and extension. Palpable spasms were noted. Straight leg raise elicits back pain only. Motor strength remains intact. Sensation was intact. Reflexes were 2+ and symmetric.

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

This request for Lumbar Medial Branch Block 64493 77003 is not found by the reviewer to be medically necessary. The claimant sustained an injury to the low back when she lifted a 5-gallon paint can on xx/xx/xx. The claimant was treated initially with physical therapy and epidural steroid injections, which provided relief. There is no documentation of recent conservative care including physical therapy or other conservative measures. The records indicate that examination performed 07/08/11 revealed findings indicative of lumbar radiculopathy including motor strength weakness on the right compared to the left as well as mild paresthesia in the lateral aspect of the right lower extremity. However, follow up on 10/14/11 reports motor strength "remains intact" and sensation was intact. Per ODG, lumbar facet/medial branch blocks should be limited to patients with low back pain that is non-radicular in nature and at no more than two levels bilaterally. There also should be documentation that the patient has failed to respond to conservative care (including home exercise program, physical therapy and NSAIDs) for at least 4-6 weeks prior to the procedure.

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)