

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/01/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L2, L3, L4 medial branch block (MBB) injection with sedation

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

M.D., 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

1/3/11, 1/11/11

Official Disability Guidelines

Back Institute 3/17/09 to 12/28/10

Patient correspondence, 12/29/10, 9/18/10

Diagnostics and Surgery 7/1/09

Dr. M.D. 9/18/10

M.D. 10/27/09

PATIENT CLINICAL HISTORY SUMMARY

This patient has pain in the left lower back area and left lower extremity according to the 12/28/10 note. The patient has failed spinal cord stimulation. It is reported that the patient received a previous rhizotomy (performed in 2007) that provided the patient with 95% pain relief for 5 to 6 months. There is no mention of any increase in function from that procedure. Dr. mentions that he feels that the lower extremity pain is "pseudoradicular in nature." His reasoning for this statement is not documented. There is no physical exam documented on this DOS. The last physical exam documented in the reports that I was provided to review was on 3/17/09.

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

Facet joint injections are "limited to patients with low-back pain that is non-radicular" according to the ODG. Based on the patient's description of pain this patient appears to have a radiculopathy. There is no data provided to refute this. Also, the ODG requires certain

physical exam findings to support a diagnosis of facet-mediated pain. The last documented physical exam available for review was performed almost 2 years ago. A more recent physical exam was not included in the records to determine if the requested procedure is warranted. The reviewer finds no medical necessity at this time for Left L2, L3, L4 medial branch block (MBB) injection with sedation.

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)