

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 01/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral lumbar medial branch block L4-L5 and L5-S1 64490-50, 64491-5, 77003

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

The TMF physician reviewer is a board certified **in physical medicine and rehabilitation** with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the bilateral lumbar medial branch block L4-L5 and L5-S1 64490-50, 64491-5, 77003 is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/21/10

- Notification of Determination from – 12/09/10, 12/20/10
- Office notes from Rehabilitation Medicine & Pain Clinic – 08/25/10 to 12/16/10
- Appeal letter from Rehabilitation Medicine & Pain Clinic – 12/13/10
- Office visit notes by Dr. – 11/30/10
- Report of MRI of the lumbar spine – 11/02/10
- Report of Nerve Conduction Study – 11/16/10
- Physical therapy notes – 10/11/10 to 10/26/10
- Physical therapy evaluation form – 10/11/10
- Pre-Certification/Authorization Request from Rehabilitation Medicine & Pain Clinic – 12/06/10, 12/11/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx when she was walking and fell down hitting her and neck as well at twisting her back. She has been diagnosed with lumbar facet dysfunction and the treating physician has recommended that the patient undergo bilateral lumbar medial branch block L4-L5 and L5-S1.

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

The medical record documentation indicates that this patient was given 3 weeks of physical therapy in October of 2010 and pain medication with no relief. An MRI revealed lumbar spinal stenosis with lateral recess stenosis and there is no EMG evidence for radiculopathy. Neurosurgical consultation was obtained with recommendation for injection treatment. In this case, the lumbar medical branch block at L4-L5 and L5-S1 is medically necessary.

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 (PROVIDE A DESCRIPTION)