

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 01/24/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left lumbar nerve block

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 orthopedic surgeon 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 left lumbar nerve block is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/11/11
- Letter of determination from – 12/20/10, 12/30/10

- Order for lumbar nerve block from Health System, The Spine Center – 12/13/10
- Report of MRI of lumbar spine – 12/13/10
- Ambulatory progress notes by Dr. – 12/13/10
- Operative Note by Dr. – 09/01/10
- Clinic notes by Dr. – 08/09/10

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker suffered a severe left ankle open pilon fracture on xx/xx/xx. He fell 14 feet. He underwent a number of surgical procedures to achieve union and skin coverage. He suffered complications including infection of the operative site. Subsequently, he developed low back pain and left leg pain to the knee and not beyond. Neurological findings are limited. SL Ring test is negative. Muscle weakness has been attributed to the consequences of the severe ankle injury. An MRI scan of the lumbar spine performed on 12/13/10 revealed multiple levels of degenerative disc disease and facet arthropathy. Foraminal stenosis was evident bilaterally at L4-L5. Disc protrusions with mild stenosis were diagnosed. The treating physician has recommended a L5 nerve root block

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

Selective nerve root blocks have both therapeutic and diagnostic value. In this specific patient's case, the selective nerve root block can be justified for diagnostic purposes. The patient has low back pain and left leg pain. He also has a past history of significant left lower extremity injury with muscular atrophy and limp. He has imaging studies suggesting degenerative disc disease, facet arthropathy and foraminal stenosis. The L5 nerve root on the left is a potential target for selective nerve root block to help evaluate this nerve root as a potential pain generator.

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)