



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/24/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of an outpatient back medial branch block right L4-L5.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years in this field.

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)

The reviewer agrees with the previous adverse determination regarding prospective medical necessity of an outpatient back medial branch block right L4-L5 at North Brownsville Surgery Center.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this injured worker, a male, fell approximately 8 to 10 feet landing on his back while working on xx/xx/xx. He was taken to via ambulance. His initial complaints were of pain in the neck and right shoulder area. A CT scan of his cervical spine showed straightening of the cervical curvature and evidence of an old whiplash injury at the C4-5 level. X-rays of the right shoulder were said to be consistent with a possible rotator cuff tear, but showed no acute bony process. Chest x-ray showed no active process.

On xx/xx/xx, the patient was evaluated by M.D. Dr. documented complaints of

pain in the neck and right shoulder area with development of right low back and leg pain on the day following the injury. Dr. diagnosed contusions and sprains and recommended light duty, Voltaren Gel, and Naproxen. He continued to follow the patient on a regular basis. He prescribed two episodes of physical therapy including six therapy sessions each time. On May 3, Dr. recommended an MRI of the lumbar spine. This was performed on May 6. The MRI showed facet arthrosis at L5-S1, L4-5, and L3-4 with mild disk bulges and osteophyte formation and moderate foraminal narrowing.

On August 26, 2010, he was evaluated by M.D. at the. Dr. assessment indicated that the patient had back pain with no gross radiculopathy and associated tenderness at the facet area at L4-5. Dr. recommended facet blocks.

Requests for pre-authorization for bilateral facet blocks at L4-5 were made. Approval for bilateral medial branch blocks at L4-5 was given on August 31, 2010. On September 16, 2010, he underwent bilateral L4-5 medial branch blocks. The only post injection documentation was provided on November 2, 2010. On that date, Dr. stated that the patient "did have some improvement after medial branch block. I believe he has working full time. He should benefit from a second block only the right side as he has had resolution of left side pain." Pre-authorization requests for repeat medial branch blocks were made on October 19 and again on November 5, 2010. Those requests were denied.

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

This worker injured his back in a work related accident on. He had extensive evaluation and treatment including at least 12 physical therapy sessions and multiple medications including anti-inflammatory medications and analgesics. He also had use of a TENS unit. He continued to have lower back problems and underwent a procedure for bilateral L4-5 medial branch blocks on September 16, 2010. There is one note indicating that improvement was noted, but there was no attempt to quantitate the improvement or indicate how long the improvement lasted. There is also no indication in the medical record that the injured worker has continued to perform a home exercise program or is continuing to take medications.

This injured worker received medial branch diagnostic blocks (not facet joint injections) on September 16, 2010. According to the ODG Guidelines, no more than one set of diagnostic medial branch blocks should be given prior to a facet neurotomy. Facet joint medial branch blocks are not recommended except as a diagnostic tool in this setting. The ODG Guidelines state that there is minimal evidence for use of repeated medial branch blocks as a treatment modality. There is no indication in the medical record that the operating physician plans to proceed with neurotomy and the ODG Guidelines do not recommend more than one medial branch block. Therefore, there is no prospective medical necessity for a repeat block according to ODG 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 (PROVIDE A DESCRIPTION)