

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral lumbar spine facet medial branch blocks at L4-L5

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

M.D., Board Certified in pain management and anesthesiology
American Board of Anesthesiologists

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

11/19/10, 12/21/10
M.D. 2/9/10 to 12/5/10
M.D. 10/27/10
Imaging 1/25/10
Radiological Services 2/22/10
Ph.D. 8/13/10 to 8/25/10
Multidisciplinary Clinic, PA 2/10/10
FCE 5/14/10
Multidisciplinary Clinic, P.A. no date
Rehabilitation, PA 2/17/10
Official Disability Guidelines, Facet joint injections

PATIENT CLINICAL HISTORY SUMMARY

The xx/xx/xxexam note says the patient is having lower back pain that “can radiate to her left anterior thigh and also down her left lateral leg and to the bottom of her foot.” The physical exam was significant for decreased sensation to light touch in the “left lower extremities” and 4/5 muscle strength with “left hip flexors, knee extensors, dorsiflexors, plantar flexors, and long toe extensors.” She has failed PT and medication management. She received a L4-5 ESI on 3/5/10. On 4/20/10, it was noted that the patient “did not receive significant long-term relief with the lumbar epidural steroid injection.” On this same date of service, the physical exam noted a “straight leg raise 90 degrees” and a “sensory deficit in the left lower extremity.” On 4/20/10, the rationale for considering medial branch blocks was stated to be because no long term relief was achieved with the ESI.

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 Official Disability Guidelines. Based on this patient’s description of pain and the physical exam findings, this patient has radiculopathy. In addition, the failure of an ESI is not an appropriate reason to consider facet joints as the source of pain. The ODG also states that facet pain should be considered if there is a “normal sensory examination.” This patient is noted to have decreased sensation in the left lower extremity. For these reasons, the reviewer finds no medical necessity for Bilateral lumbar spine facet medial branch blocks at L4-L5.

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)