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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OUTPATIENT MEDIAL BRANCH BLOCK AT L4-5, L5-S1 TO INCLUDE CPT CODES 64493, 64494, 77003, 01992

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

MD, 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

Official Disability Guidelines

Utilization review determination 04/19/11

Utilization review determination 05/20/11

MRI of the knee dated 05/19/10

Functional capacity evaluation dated 08/02/10

MRI lumbar spine dated 04/23/10

Radiographic report lumbar spine dated 04/08/10

EMG/NCV dated 06/04/10

Operative report left knee dated 12/31/10

Surgical consultation dated 12/20/10

Operative report dated 07/02/10

MRI thoracic spine dated 04/23/10

Radiographs thoracic spine 04/08/10

Functional abilities test dated 03/02/10

Designated doctor evaluation dated 06/09/10

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury she is reported to have developed left knee, mid and low back pain. Records indicate that she initially had significant back pain but later this was documented as improving by a designated doctor. Records indicate that the injured employee was initially under the care of Dr. who provided conservative management. She later came under the care of Dr. who found an unremarkable left knee x-ray with no acute abnormality in the thoracolumbar spine. She underwent MRI of the left knee and was found to have a grade 3 of the body and posterior horn of the medial meniscus and a grade 1 sprain

of the ACL. She later underwent EMG/NCV studies, which were reported as normal. Records indicate that she was taken to surgery and underwent medial and lateral meniscectomies. She was later seen in consultation by Dr.. When seen she had complaints of low back pain with radiation to the right lower extremity and a non-dermatomal distribution. She is noted to be 5'2" and weigh 165 pounds. Range of motion was decreased in forward flexion. Motor strength was graded as 5/5. Deep tendon reflexes were 2+ and symmetric. Gait was normal. Straight leg raise was negative. Sensory was intact. MRI of the lumbar spine was reviewed which showed a disc protrusion paracentral and to the right at L3-4 without significant central canal or bilateral foraminal stenosis. There is mild disc desiccation at L3-4. He opines that the injured employee is not a surgical candidate.

The records contain radiographs of the lumbar spine, which show mild multilevel degenerative changes with anterior spurring and mild lower lumbar facet degenerative joint disease at L4-5 and L5-S1. The submitted records from Dr. indicate that the injured employee has tenderness in the lumbar paraspinal musculature and she is subsequently recommended to undergo medial branch blocks at L4-5 and L5-S1. The request was initially reviewed by Dr. on 04/19/11. Dr. discusses the physical examination lumbar findings. He discussed the indications for the procedure with the treating provider. There was clear disagreement regarding the diagnosis. Dr. non-certified the request. An appeal request was submitted and reviewed on 05/20/11 by Dr. Dr. finds that the request for reconsideration did not provide any new information upon which to base overturning the previous adverse determination.

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

The submitted clinical records indicate that the injured employee has a long-standing history of low back pain. The injured employee has undergone surgical intervention for her left knee, which consisted of a meniscectomy. Post-operatively she is reported to have continued complaints of low back pain. The injured employee has been evaluated by a surgeon and has not been deemed to be a surgical candidate. There are no overt findings of active posterior element disease on physical examination. The injured employee has minimal findings of posterior element involvement on plain radiographic studies with no evidence of facet hypertrophy identified on MRI of the lumbar spine. The physical examinations as submitted by Dr. do not provide any objective data of active posterior element disease. The injured employee is noted to have pain with flexion rather than extension. There is no indication of provocative facet loading. There is no documentation of pain with lateral bending or rotation. Given the lack of clinical data to establish the presence of active lumbar facet mediated pain the requested procedure would not be clinically indicated per the Official Disability Guidelines. The reviewer finds there is no medical necessity for OUTPATIENT MEDIAL BRANCH BLOCK AT L4-5, L5-S1 TO INCLUDE CPT CODES 64493, 64494, 77003, 01992.

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)