

MAXIMUS Federal Services, Inc.  
11000 Olson Drive, Suite 200  
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**Notice of Independent Review Decision**

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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** March 2, 2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Right L5 Lumbar Selective Nerve Root Block.

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

M.D., Board Certified in Orthopedic Surgery.

**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 requested service, right L5 Lumbar Selective Nerve Root Block, is medically necessary for treatment of this patient.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 2/9/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 2/10/11.
3. Notice of Assignment of Independent Review Organization dated 2/10/11.
4. Medical records from PA dated 1/12/10, 2/8/10, and 2/10/10.
5. Workman's Compensation Status Reports dated 12/29/10, 1/12/10, 2/2/10, 2/23/10, 3/3/10, 3/9/10, and 3/23/10.
6. Medical records from the Back Institute dated 3/16/10.
7. Medical records from DO dated 3/16/10, 8/26/10, 9/14/10, and 9/30/10.
8. MRI results from Diagnostic dated 3/29/10.
9. EMG results from PA dated 5/13/10.
10. Denial Documentation.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose physician has requested authorization for right L5 Lumbar Selective Nerve Root Block. The patient sustained an on-the-job injury on xx/xx/xx when she fell backward over a chair hitting her head. She experienced an onset of low back pain with right leg radicular pain. X-rays performed on 3/16/10 showed decreased disc space height at L5-S1 without instability. A consultation note dated 3/16/10 advised treatment with physical therapy of the lumbar spine, medrol dose pack, Zanaflex, Celebrex and hydrocodone. Specifically, spine stabilization exercises, manual therapy, aquatic therapy, and range of motion and strengthening exercises were prescribed. A lumbar spine MRI performed on 3/29/10 showed minimal annular disc bulges at L3-4, L4-5 and minimal bilateral facet joint hypertrophy at L4-5 and L5-S1. An electromyogram was performed on 5/13/10 and revealed findings consistent with an acute, ongoing, evolving right L5 radiculopathy and left L5 paraspinal radiculopathy. Nerve conduction findings were consistent with bilateral tibial and peroneal motor neuropathy, right saphenous and left superficial peroneal sensory neuropathy and absent peroneal F waves. This supports bilateral radiculopathy. In addition, left tibial F waves support a left SI radiculopathy. Lumbar epidural steroid injection with epidurography was performed on 9/14/10.

A request has now been made for right L5 Lumbar Selective Nerve Root Block. The URA has denied this request citing a lack of medical necessity. Specifically, the URA states that the medical necessity of this request cannot be established at this point, as there is no documentation of failed conservative management, such as oral pharmacotherapy and physical therapy.

### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

Review of the submitted documentation reveals evidence of radiculopathy. Further, the patient has had an adequate trial of conservative care including physical therapy, muscle relaxers, nonsteroidal anti-inflammatory medications and other injections. The patient had had a clear diagnosis of radiculopathy that is persistent, active, and ongoing. It is standard of care to attempt to prevent radiculopathies from progressing to a chronically scared nerve root. This request does not involve injection of more than two nerve roots. The patient's MRI does not show a clear cut L5 nerve root lesion, however, the EMG does imply that the proposed block will differentiate between the findings of the EMG and the MRI as to whether the L5 nerve root is the affected nerve root. According to the Official Disability Guidelines (ODG), Lumbar Nerve Root Block is appropriate to determine the level of radicular pain in cases in which diagnostic imaging is ambiguous. All told, the requested right L5 Lumbar Selective Nerve Root Block is medically indicated and necessary for treatment of this patient's condition.

**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)