SENT VIA EMAIL OR FAX ON
Apr/27/2011

True Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Epidural Pain Block and Facet Block at L4-L5-S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped and fell at work. The patient's medical history is significant for having undergone left knee arthroscopy with chondroplasty of the distal femur, medial condyle and trochlea on 12/14/05. Treatment to date includes diagnostic testing, right knee steroid injection on 03/30/07, right knee arthroscopy on 05/02/07, and physical therapy. Designated doctor evaluation dated 09/21/07 indicates that the patient was determined to have reached MMI as of 08/27/07 with 8% whole person impairment. MRI of the lumbar spine dated 10/15/10 revealed bilateral lateral recess stenosis at L4-5; both foramen are narrowed; there is a diffuse 2 mm posterior protrusion slightly more focal broad based posterocentral protrusion. There is moderate bilateral hypertrophic facet osteoarthritis, worse on the left. At L5-S1 there is degenerative grade I spondylolisthesis of approximately 5 mm; central canal is patent; 2 mm diffuse posterior protrusion is present. Physical examination on 03/15/11 notes that neurologically

the patient is still complaining of significant pain on her back and both legs, the numbness of the leg is increasing and she is getting worse.

Initial request for epidural pain block and facet block at L4-L5-S1 was non-certified on 03/04/11 noting there are no documented neurological deficits noted to be present on physical examination, and there was a documented diagnosis of lumbar spinal stenosis. There are no radiographic study reports submitted for review. Current evidence based guidelines do not support lumbar facet injections and epidural steroid injections to be performed at the same setting. The denial was upheld on appeal dated 03/28/11 noting no current, detailed physical examination was provided to establish the presence of active lumbar radiculopathy. There is no comprehensive assessment of treatment completed to date or the patient's response thereto.

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

Based on the clinical information provided, the request for Epidural pain block and facet block at L4-L5-S1 is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in xx/xx; however, it is unclear what treatment the patient has undergone to the low back as there is no comprehensive assessment of treatment completed to date provided. The submitted records fail to provide a detailed physical examination to establish the presence of lumbar radiculopathy or facet-mediated pain. The Official Disability Guidelines do not support the performance of facet blocks and epidural steroid injections at the same setting. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)