

SENT VIA EMAIL OR FAX ON
Nov/09/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/08/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar medial branch block, left L4/5, then right L4/5

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

PMR

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 08/15/11, 09/12/11

Letter dated 10/25/11

Peer review report dated 08/12/11, 09/08/11

Follow up note dated 07/20/10, 06/22/11, 10/12/11, 06/16/11, 05/12/11

MRI lumbar spine dated 05/20/11

Physician review recommendation dated 07/11/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. Progress note dated 05/12/11 indicates that the patient was referred for a work hardening program, but the patient was unable to complete the program due to severe increase in pain and discomfort in the lower back. MRI of the lumbar spine dated 05/20/11 revealed loss of lordosis which can be seen in muscular spasm. At L4-5 there is a subtle disc bulge and mild hypertrophy of the posterior elements producing mild bilateral foraminal stenosis. Follow up note dated 10/12/11 indicates that the patient continues to work with limitation. He is having difficulty with muscle spasms and insomnia. On physical examination he walks with no shuffling or ataxia. He is able to heel and toe walk bilaterally. Range of motion of the lumbar spine is 30 degrees flexion and 10 degrees of extension. He has tenderness noted over the spinous processes with significant extension based pain. He has a negative Patrick Fabere's test and negative straight leg raising. Deep tendon reflexes are +2/4 in the lower extremities. Manual muscle

testing is 5/5 in the lower extremities. Sensation to light touch is intact in the lower extremities.

Initial request for lumbar medial branch block was non-certified on 08/15/11 noting that there is no documentation provided to establish failure of conservative care. The denial was upheld on appeal dated 09/12/11 noting that the history leading up to the blocks is not present. Treatment to date is not documented.

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 outpatient lumbar medial branch block, left L4-5, then right L4-5 is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. It is unclear if the patient has undergone a course of physical therapy and the patient's compliance with a home exercise program is not documented. Without this information, the requested medial branch blocks are not indicated as medically necessary.

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)