



14785 Preston Road, suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 11/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medial Branch Block Bilateral L4-L5 64493-77003

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

M.D. Board Certified in Orthopedic Surgery/ Fellowship Training in Spinal 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	10/24/2011
Preauthorization Determinations	9/27/2011-10/14/2011
Orthopedic Reports	7/26/2010-9/20/2011



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Notice of Independent Review Decision	4/18/2011
D.O. TDI/ Designated Doctor Report	2/26/2011
M.D. Initial Consultation	6/02/2010
X-Ray Reports Lumbar, Left Knee	10/15/2010-7/26/2010
MRI Reports	1/14/2010-4/20/2010
M.D. Operative Report	11/09/2010
Report of Medical Evaluation	2/26/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

male who sustained a work related injury on xx/xx/xx when he was reportedly struck by a motorist while changing a tire on the side of the road and sustained several broken ribs. Patient has been complaining of chronic mechanical low back pain. MRI of his lumbar spine on 1/14/2010 revealed mild desiccation and narrowing of the interspace with a 2 to 3 mm broad-based left posterior lateral protrusion centered at the entrance of the neural foramen at L4-5. Treatment for low back pain included Non Steroid Anti-Inflammatory Drugs, an ESI at L5-S1 (August and November 2010) and physical therapy (note on March 2011). Examination showed decreased and painful lumbar range of motion and axial low back pain.

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

Bilateral Lumbar Medial Branch Block is medically necessary. The diagnosis of facet mediated pain can be difficult as there is no examination finding that is diagnostic nor are there diagnostic studies that are contributory. Given that the patient has failed a trial of conservative management in the setting of a concordant history, a diagnostic Medial Branch Block at L4-L5 can be helpful in elucidating his chronic pain source as well as therapeutic should it provide clinical relief.

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



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- 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)