



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC (Non-Network)**

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**DATE OF REVIEW:** 11/07/11

**DATE OF AMENDED REVIEW:** 11/08/11

**IRO CASE #:**

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

Left L1-L3 Lumbar Medical Branch Block (64493, 64494, 99144, 77003)

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

Board Certified in Physical Medicine & Rehabilitation

**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.

Left L1-L3 Lumbar Medical Branch Block (64493, 64494, 99144, 77003) – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Lumbar Spine MRI, Radiology, 06/16/10

- Follow UP, Pain Consultants, 08/04/10, 11/02/10, 01/28/11
- Procedure Details, Precision Pain Consultants, 11/22/10
- Approval Letter, 03/04/11
- Employee's Request to Change Treating Doctor, 06/12/11
- Evaluation, Capitol Pain Institute, 06/23/11, 07/07/11, 08/10/11, 09/12/11
- Authorization Request Form, Pain Institute, 08/10/11
- Denial Letters, 08/15/11, 09/16/11
- Reconsideration, Pain Institute, 09/13/11
- The ODG Guidelines were not provided by the carrier or the URA.

**PATIENT CLINICAL HISTORY (SUMMARY):**

An MRI of the lumbar spine in June 2010 showed anterior column hardware, fusion that appeared solid at L5-S1. At L4-L5, there was moderate to severe circumferential canal stenosis likely to be a source of neurogenic claudication. The patient continued to have low back pain, with left greater than right lateral lower extremity pain. He was stable on Norco and taking Neurontin, as well as Soma. A bilateral L3-L4 epidural steroid injection (ESI) was performed in November of 2010. The patient changed treating doctors, due to moving. The patient had undergone treatments, which included opioid medication, muscle relaxants, physical therapy, ESI's and spine surgery. The previous treatments have left the patient with continuing pain. The treating doctor recommended a left L1-L3 lumbar medial branch block.

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

The proposed procedure, left L1 through L3 lumbar medial branch block is not reasonable or necessary per the ODG Guidelines. The ODG indicate that lumbar facet injections are not a reasonable option in the face of ongoing lumbar radiculopathy. This is an individual who not only has consistent left lower extremity radicular complaints in all reviewed medical records but also has an MRI scan which documents a legitimate corresponding lesion above the level of the fusion to explain a lumbar radiculopathy. As such, the proposed lumbar medial branch block would not be anticipated to result in significant improvement and, therefore, is not supported by the ODG.

**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)**
- AMA GUIDES 5<sup>TH</sup> EDITION**