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Notice of Independent Review Decision

DATE OF REVIEW: 9-27-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of O/P right lumbar nerve root blocks L3/L4 L4/L5 L5/S1 64483 64484x2 36000 72100.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology. The reviewer has been practicing for greater than 10 years.

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 reviewer agrees with the previous adverse determination regarding the O/P right lumbar nerve root blocks L3/L4 L4/L5 L5/S1 64483 64484x2 36000 72100.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD and.

These records consist of the following:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury on xx/xx/xx which resulted in a lumbar strain. The patient was seen by Dr., an orthopedic spine surgeon who referred the patient to Dr. a pain management specialist for non-surgical treatment of his lumbar radiculitis and lumbar strain. Recommended treatment included selective nerve root blocks on the right at levels L3, L4 and L5.

The patient was seen and evaluated by Dr. on 04/21/2011. At that time, the patient's medications included gabapentin and ultracet. The patient was noted to have an inability to sit, stand or walk for greater than 15 minutes, inability to heel toe walk, pain radiating to the right lower extremity and pain so severe that the 'patient's functioning is being impaired.' The patient was noted to be unresponsive to physical therapy and nerve blocks.

Dr. scheduled and performed a lumbar ESI at L5/S1 on 05/04/2011.

The patient was seen for follow-up on 05/26/2011 and it was noted that the patient received no relief from the procedure on 05/04/2011. Also noted was the patient's inability to toe-heel walk, sensory deficit at L4 and L5 dermatomes, weakness of the right quadriceps, tibialis anterior, and peroneal motor groups. The patient is returned to his referring physician at this time for re-evaluation.

The patient had an MRI of the lumbar spine on 06/17/2011 which was read by Dr. DC which showed:

- Right paramedian 3mm protrusion encroaching the right S1 nerve root
- Facet asymmetry and hypertrophy L5-S1 with foraminal encroachment more to the left side
- Annular bulge and facet hypertrophy creating mild stenosis
- Asymmetric right posterolateral annular bulge with concentric hiz at the L3-L4 Disc encroaching the traversing and exiting right-sided nerve roots

The patient returns to see Dr. on 08/11/2011 after seeing Dr. an orthopedic spine surgeon who recommended selective nerve root blocks on the right at L3/L4/L5. Dr. agrees with Dr. assessment and wishes to proceed with these spinal injections.

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

Based on the records submitted for review, the requested procedure is not recommended at this time. This is a review for the medical necessity of the request for right lumbar nerve root blocks at the L3/L4, L4/L5 and L5/S1 levels.

The patient was last seen on 08/11/2011 and the patient is shown to have pain levels ranging from 4-9/10. The pain is characterized as sharp, burning and constant. The rationale for this request is that the above listed procedures are to be used as diagnostic procedures. Physical examination, however, did not establish radiculopathy in a dermatomal or myotomal pattern at the levels requested. Electrodiagnostics and imaging studies do not show radiculopathy at the levels for which the procedures are requested. Prior lumbar ESI at L5/S1 on 05/04/2011 provided no relief. Other ESI levels and outcomes were not documented.

Additionally, there is no demonstration of exhaustion and effectiveness of conservative management. Such treatment includes the reports of physical therapy, use of pain medications and results of other therapeutic exercises. Current practice guidelines recommend no more than two nerve roots to be blocked at any one time to allow for determination of efficacy of each procedure. Therefore, this request is not substantiated at this time.

Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced below, the request for outpatient right lumbar nerve root blocks at the L3/L4, L4/L5 and L5/S1 levels (CPT: 64483, 64484x2, 36000, 72100) is non-certified.

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)