

SENT VIA EMAIL OR FAX ON
Oct/20/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4/5 Medial Branch Block

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

Orthopedic 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she was working when she felt intense pain in her low back and right shoulder area that radiated down her right lower extremity. The claimant initially was treated conservatively with physical therapy and medications including anti-inflammatories. The claimant was then referred for MRI of the low back and right shoulder area. MRI of the lumbar spine dated 03/23/10 revealed L4-5 9 mm ruptured disc central extends inferiorly still attached to the apparent disc; a central canal stenosis moderately advanced; extremity compression against the exiting nerve root sleeves at L5, probably more on the right than on the left. At L5-S1 there were Modic type 2 signal abnormalities; 3 mm herniated disc primarily central; neuroforaminal narrowing, slightly more on the left than the right, may minimally affect the exiting left S1 nerve root sleeve. The claimant is status post lumbar laminectomy, discectomy and foraminotomy at L4-5 performed 10/27/10. She also underwent right shoulder arthroscopy with subacromial decompression, debridement and repair of rotator cuff tear performed 10/09/11. The claimant was noted to have done well postoperatively following lumbar surgery, but complained of muscle spasms in the low back and low back pain. The claimant was recommended to undergo lumbar epidural steroid injection, but the request was denied x2 and denial upheld on IRO. Repeat MRI of the lumbar spine was performed on 08/23/11 and revealed a 6 mm right paracentral disc herniation at the L4-5 level that compresses the right anterior thecal sac and right exiting nerve root. The claimant was seen in follow-up on 09/02/11 to review MRI results. She presented with low back pain rated 7/10 with constant pain in the back area, discomfort with side-to-side movement, soreness and stiffness. She has occasional pain that radiates down both lower extremities. The claimant's back-to-leg ratio is approximately 60% to 70% back pain, and 30% to 40% lower extremity symptoms. Examination of the lumbar spine noted the claimant continues to experience tenderness in the mid-to-lower lumbar region with decreased range of motion of flexion and extension. She continues to experience some positive straight leg raise on the right, negative on the left. Motor strength is mildly weakened in the right EHL. There are mild paresthesias along the bilateral L5 distribution. Reflexes remain blunted in both lower extremities. Examination of the right shoulder revealed mild tenderness over the anterolateral aspect with limited range of motion of abduction of approximately 160 degrees, almost complete internal and external rotation. No instability was noted. It was noted that the claimant continues to remain symptomatic with most symptoms reportedly mechanical in nature. She was noted to have exhausted oral anti-inflammatories and postoperative physical therapy with temporary relief. The claimant was recommended to undergo medial branch block on the right at L4-5.

A preauthorization review was performed on 09/12/11 and request for right L4-5 medial branch block was non-certified as medically necessary. The rationale noted the claimant presented with low back pain that occasionally radiates down both lower extremities. Physical examination revealed tenderness in the mid-lower lumbar region with decreased range of motion with flexion and extension. Positive straight leg raise was noted on the right. There was mild paresthesia along the bilateral L5 distribution. Reflexes remain blunted in both lower extremities. Treatment has included medication and physical therapy. However, there is no documentation of low back pain that is non-radicular and at no more than 2 levels bilaterally. Therefore medical necessity of the request has not been substantiated.

A preauthorization review of appeal request for right L4-5 medial branch block was performed on 09/26/11 and non-certified as medically necessary. It was noted that the claimant continues to complain of low back pain that radiates down the right lower extremity. Physical examination on 09/02/11 reported continued tenderness in the mid-to-lower lumbar region with decreased range of motion with flexion/extension. She continues to experience positive SLR on the right, negative on the left. She had mild paresthesias along the bilateral L5 distribution. It was noted upon review of the report that the claimant's presenting symptomatology cannot totally rule out radiculopathy. There is also no clear documentation of conservative treatment. There were no PT progress notes to show the claimant's clinical and functional response. Optimized pharmacotherapeutic utilization in conjunction with VAS scoring and rehabilitative support was not evident in the report. With these, the previous non-certification was upheld.

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

The request for right L4-5 medial branch block is not supported as medically necessary by the clinical data presented for review. The claimant sustained an injury to low back and right shoulder on xx/xx/xx. After a course of conservative care, the claimant underwent lumbar laminectomy, discectomy, and foraminotomy at L4-5 for a 9 mm disc herniation at L4-5 with moderate central stenosis and extrinsic compression against exiting nerve root sleeves at L5. The claimant also underwent right shoulder arthroscopic surgery on 02/09/11.

Postoperatively the claimant continued to complain of low back pain greater than pain that radiates down both lower extremities. On examination the claimant had findings of motor and sensory deficits in the right EHL and sensory deficits along bilateral L5 distribution. Repeat MRI of lumbar spine on 08/26/11 revealed a 6 mm right paracentral disc herniation at L4-5 that compresses the right anterior thecal sac and right exiting nerve root. The claimant's physical examination is indicative of radicular symptoms consistent with neurocompressive pathology identified on MRI. Per Official Disability Guidelines facet / medial branch blocks should be limited to patients with low back pain that is non-radicular in nature and at no more than 2 levels. Given the current clinical data, it appears the claimant continues with symptoms indicative of lumbar radiculopathy. As such, the proposed right L4-5 medial branch block is not indicated as medically necessary, and previous denials should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES