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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: October 21, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

INJ PARAVERTEBRAL L/S 64475 and INJ PARAVERTEBRAL L/S AD 64476.

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

M.D., Board Certified in Physical Medicine and 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)

A portion of INJ PARAVERTEBRAL L/S 64475 and INJ PARAVERTEBRAL L/S AD 64476 (bilateral lumbar facet block at L3-4, L4-5 and L5-S1) is medically necessary; specifically, bilateral lumbar facet blocks at the two most symptomatic levels rather than three levels is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 9/29/11.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/30/11.
3. Notice of Assignment of Independent Review Organization dated 10/3/11.
4. Preauthorization Request Sheet.

5. Medical records from MD, FACS dated 8/17/11.
6. Letter from MD, FACS dated 8/30/11.
7. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose provider has requested authorization for INJ PARAVERTEBRAL L/S 64475 and INJ PARAVERTEBRAL L/S AD 64476 (bilateral lumbar facet blocks at L3-4, L4-5 and L5-S1.) The URA has denied this request indicating that the requested service is not medically necessary for treatment of the patient's back pain. A review of the record indicates that the patient sustained a work-related injury on xx/xx/xx when she fell backwards injuring her lower back. In August 2011 the patient complained of burning lower back pain with pain radiating down the right anterior thigh causing burning and weakness and numbness. The patient noted that lower back pain increased with walking, lying down, sitting and bending. The provider noted the patient has had physical therapy and chiropractic treatment. The provider's impression was lower back, right buttock and right anterior thigh pain; lumbar spondylosis with multilevel facet arthropathy; and left-sided L5-S1 disc protrusion contralateral to her symptoms. The patient is currently on Plavix. The provider indicates that the patient has been symptomatic since 11/19/10 and has been treated conservatively with physical therapy and chiropractic therapy and her pain has continued. The patient has been recommended for bilateral lumbar facet blocks at L3-4, L4-5 and L5-S1.

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

According to Official Disability Guidelines, lumbar facet blocks are limited to patients with low-back pain that is non-radicular in nature and at no more than two levels bilaterally. There must be documentation of failure of conservative treatment for at least 4-6 weeks prior to administration of the blocks. While this patient with non-radicular lumbar pain that has been refractory to conservative treatment meets ODG criteria for bilateral lumbar facet blocks, no more than two facet joint levels should be injected in one session per ODG.

Therefore, I have determined that a portion of INJ PARAVERTEBRAL L/S 64475 and INJ PARAVERTEBRAL L/S AD 64476 (bilateral lumbar facet block at L3-4, L4-5 and L5-S1) is medically necessary; specifically, bilateral lumbar facet blocks at the two most symptomatic levels rather than three levels is medically necessary for treatment of the patient's medical condition. Accordingly, the adverse determination should be partially overturned.

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)