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Notice of Independent Review Decision

DATE OF REVIEW: September 7, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic medial branch block L4-5 and L5-S1 on the right. Dates of service: 07-22-11. CPT Code: 64493.

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

AMERICAN BOARD OF ORTHOPAEDIC SURGEONS

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)

PATIENT CLINICAL HISTORY:

I have reviewed the medical records provided to me in reference to this case.

The patient sustained an on-the-job slip and fall injury on xx/xx/xx. The patient has been under the treatment of several physicians. The patient's reported injuries were to the cervical spine and lumbar spine.

The patient has been at maximum medical improvement, which has been rescinded. Subsequent to maximum medical improvement, the patient has had an anterior cervical fusion.

Presently, the patient is still under treatment for her lower back pain. After review of the records, the patient has minimal findings in her lumbar spine that involve adjacent L4-5 and L5-S1 with foraminal stenosis. The patient has had a negative EMG.

In spite of conservative treatment, the patient has chronic lower back pain without radiculopathy. The patient's treating physician has requested diagnostic medial branch facet injections at L4-5 and L5-S1 on the right. The patient has recently had adverse determination denying treatment. This was

on July 22, 2011. However, on August 11, 2011, there was a controverting report allowing this injection to proceed.

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

In review of this patient's case, in my opinion, the patient does fall within criteria to have the diagnostic test. According to ODG Guidelines, the patient has had no benefit with conservative treatment. The patient has had no previous lumbar surgery, nor does the patient have radiculopathy. According to ODG Guidelines, this procedure is of questionable value because of the high percentage of false positive. However, under certain circumstances, it is allowable.

In this case, recommendation that M.D., proceed with the diagnostic block to allow the patient to enter a course of more aggressive physical therapy. According to ODG Guidelines, the patient should have 70% relief for a period up to six weeks. If that is the case, the patient may be a candidate for a dorsal rhizotomy, although this has not been requested at this point in time. The risks involved are outweighed by the benefits, and the patient's physician should be allowed to proceed with radiographically directed facet injections at L4-5 and L5-S1 on the right.

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)