

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Medial Branch Block at Left L4 and L5

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

OD Guidelines

1. Preauthorization review 08/12/11 denying request for lumbar facet medial branch block
2. Preauthorization review dated 08/25/11 regarding adverse determination for lumbar facet medial branch block left L4 and L5
3. Operative report 11/10/04 regarding aspiration lumbar fusion; repair of pseudoarthrosis with posterolateral L5-S1 fusion
4. History and physical examination dated 05/21/03
5. Orthopedic reports Dr. 09/05/01-07/28/11
6. Weightbearing upright of lumbar spine with and without contrast 07/25/11
7. Manual muscle testing and range of motion testing 01/26/10-04/19/11
8. Initial history sheet and office notes Dr. 08/13/07-04/14/09
9. Required medical examination Dr. 06/19/06
10. Designated doctor evaluation Dr. 08/15/07
11. BHI-II 11/11/10 and 10/15/10
12. Cervical myelogram with post CT 10/11/05
13. MRI cervical spine 07/13/05
14. Portable chest x-ray 03/11/11
15. Surgical pathology report 03/09/11
16. Post procedure calling sheet 03/10/11
17. Operative report 03/09/11 partial corpectomy and discectomy ACDF C3-4
18. Consultation 03/09/11
19. Operative report cervical epidural steroid injection 07/23/10, 04/09/10, 06/26/09

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who was injured on xx/xx/xxxx. He was driving and was in a rollover accident. The injured employee has undergone multiple surgical procedures including cervical and lumbar fusion procedures. He underwent lumbar IDET procedure in 02/02. He underwent anterior cervical discectomy and fusion C5-6 and C6-7 11/25/02. On 05/21/03 he underwent L5-S1 decompression and fusion. On 11/10/04 he underwent exploration of lumbar fusion and repair of pseudoarthrosis at L5-S1. He developed postoperative infection and on 12/27/04 underwent incision and drainage of infection and was placed on antibiotic therapy. On 03/09/11 the injured employee underwent ACDF at C3-4 level. Orthopedic report dated 07/28/11 indicates the injured employee still has occasional sharp pains that radiate to his left shoulder but is much better than before surgery. He is seen primarily because of 10/10 back pain which is sharp in nature and radiates to both lower extremities. MRI was performed on 07/25/11 which revealed post surgical changes with lumbar interbody fusion at L5-S1. Bilateral facet arthrosis was noted at L3-4 and L4-5. Physical examination reported decreased sensation along the left foot. Motor strength was intact and straight leg raise was negative. The injured employee was recommended to undergo lumbar medial branch block at L4 and L5 on the left.

A preauthorization review dated 08/12/11 recommended adverse determination of lumbar facet medial branch block at left L4 and L5. It was noted that in this case there are indications of radicular findings. The note of 05/24/11 documented weakness in lower extremities particularly with plantar flexion and right more than left EHL's. There was also report of paresthasias in lateral bilateral lower extremities into the heels. Reflexes were recorded as bilaterally and barely elicitable. There is also indication that the injured employee is unable to heel and toe walk. It was noted that this was very different than report of 07/28/11 which states "the patient has decreased sensation along left foot. Motor strength is intact, and straight leg raise is negative." It was noted that in the notice of 01/26/10 well after the last surgery that there was indication that full extremity strength and sensation were symmetric, and as such would appear the injured employee has developed neurologic findings subsequent to the surgery and are not seemingly residual. There was no indication of whether or not a nerve conduction study had been performed to resolve the differences between physical examination findings and MRI findings. It was further noted that the request was for left L4 and L5 medial branch block, presumably for the L5-S1 facet level which is the site of prior fusion.

A preauthorization appeal request review was performed on 08/25/11 and recommended adverse determination for lumbar facet medial branch block at left L4 and L5. Review noted that according to the documentation, the injured employee does have radicular symptoms and has had a previous spinal fusion, therefore the request for medial branch block is not recommended.

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

Based on the clinical information provided, medical necessity is not established for lumbar facet medial branch blocks on left at L4 and L5. The injured employee sustained multiple injuries secondary to motor vehicle accident rollover accident. He has undergone multiple surgical procedures including cervical and lumbar fusion. It appears the injured employee's most recent lumbar surgery was performed in 2004. More recently, the injured employee underwent ACDF procedure on 03/09/11 at L3-4 level with improvement noted. However, the injured employee continues to complain of low back pain that radiates to both lower extremities. The records reflect the injured employee presents with findings consistent with radicular symptoms, which do not appear to be residual in nature. As such, the proposed lumbar facet medial branch block on left L4 and L5 is not recommended as medically necessary. The previous denials were correctly determined and should be upheld on IRO.

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

ACOEM-AMERICA 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)