

Wren Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/13/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4/5, L5/S1 Medial Branch Block Injection

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

MD, Board Certified Anesthesiology

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

Official Disability Guidelines

Utilization review determination 07/01/11 recommending denial bilateral L4-5, L5-S1 medial branch block

Reconsideration / appeal of adverse determination 08/08/11 recommending non-certification appeal bilateral L4-5, L5-S1 medial branch block injection

New patient consultation and follow-up Dr. 05/24/11 and 06/21/11

MRI lumbar spine 06/07/11

MRI thoracic spine 06/07/11

Office notes Dr.

MRI left knee 03/08/11

Information letter regarding work related injury xx/xx/xxxx

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female who reportedly was injured on xx/xx/xxxx when she fell on ice. She is reported to have pain throughout her cervical, thoracic, and lumbar spine down into the knees and ankles. Physical examination on 05/25/11 reported the injured employee to be 5'1" tall and 178 lbs. Body mass index is 34. She has some restricted lumbar range of motion with full flexion / extension. She has some diffuse tenderness extending from cervical, thoracic, and lumbar paraspinals. Straight leg raise worsens her back and posterior leg pain. Patrick's maneuver is negative. She has tenderness along the posterior elements of lumbar spine radiating over sacroiliac joint area, more nonspecific tenderness in thoracic paraspinals and cervical region, trapezial shaw levator scapula. There was negative Spurling's and negative Lhermitte's. Reflexes are intact throughout. Sensation, coordination, and fine motor movement skills are intact, and strength is normal. Assessment is thoracolumbar strain with slip fall on ice. Knee pain is improving. She has diffuse body aches and pains. She has physical therapy and symptoms have persisted. MRI of lumbar spine on 06/07/11 revealed L5-S1 mild to moderate degenerative disc changes with minimal posterior annular bulge and otherwise unremarkable exam. MRI of thoracic spine on 06/07/11 revealed mild to moderate disc changes with mild posterior annular bulging at T10-11 with no spinal stenosis or neural impingement. Also noted was a left side thyroid mass

possibly a cyst, adenoma or carcinoma. The injured employee was seen in follow-up on 06/21/11 with chief complaint of lumbar pain. On examination there is tenderness in lumbosacral junction from about L4. Pain increases with extension compared to flexion. Straight leg raise is negative. The patient was recommended to undergo trial L4-5 and L5-S1 bilateral median branch blocks. The request was denied on 07/01/11 citing that Official Disability Guidelines do not recommend medial branch blocks unless they are for diagnostic purposes.

A second request was denied on 08/08/11. It was noted that the 06/21/11 report demonstrated physical examination findings of normal strength in arms and legs, intact coordination and fine motor movement skills, lumbar tenderness and increased pain with extension. It remains relevant that there are no other significant findings to support facetogenic back pain. It also appears relevant that the facet joints were reportedly normal on imaging.

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

The injured employee sustained a slip and fall injury when she fell on ice. She had complaints of pain throughout cervical, thoracic, and lumbar spine down into knees and ankles. On examination there were no findings of radicular symptoms. The injured employee had increased pain with lumbar extension. There was tenderness in posterior elements. The injured employee had a course of conservative treatment including physical therapy and medications without significant improvement. Although there was no evidence of significant facet pathology on MRI, facetogenic pain is a clinical diagnosis and imaging studies are not consistently diagnostic. The injured employee does have findings consistent with facet mediated pain, and the proposed bilateral L4-5, L5-S1 medial branch blocks are indicated as diagnostic blocks to confirm / rule out the facets as the pain generator. As such, the previous denials should be overturned on IRO. The reviewer finds there is a medical necessity for Bilateral L4/5, L5/S1 Medial Branch Block Injection.

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)