



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 4/01/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

SELECTIVE NERVE ROOT BLOCK AT THE RIGHT L4 LEVEL UNDER FLUOROSCOPY.

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

D.O. Board Certified in Anesthesiology and pain Management.

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)



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INFORMATION PROVIDED TO THE IRO FOR REVIEW

| Document Type | Date(s) - Month/Day/Year |
|---|------------------------------------|
| Texas Department of Insurance Notice of Case Assignment | 3/12/2012 |
| Utilization Review Determinations | 2/28/2012-3/06/2012 |
| Clinic Requests for Pre-Authorization Office Visit Notes | 2/23/2012 1/16/2012-2/22/2012 |
| Hospital Radiology Report | 2/10/2012 |
| M.D. Office Visit Note | 12/29/2010 |
| Health Services Patient Referral Peer Review Determinations | 4/04/2010 2/28/2012-/06/2012 |
| WC Services Explanation of Review | 4/16/2010 |
| M.D. Clarification Response | 5/09/2011 |
| M.D. Progress Notes Pre- Authorization Request | 10/26/2011-1/31/2012 12/15/2011 |
| M.D. Office Visit Note | 3/10/2011 |
| Imaging MRI Report | 4/20/2010 |
| Surgery Center Operative Report | 7/06/2010 |

PATIENT CLINICAL HISTORY [SUMMARY]:

PATIENT IS A MALE WHO SUSTAINED A BACK INJURY AT WORK ON xx/xx/xx WHILE LIFTING HEAVY BOXES. PATIENT CONTINUES TO COMPLAIN OF BACK PAIN WITH RADIATION TO THE LEGS BILATERALY. PATIENT WAS TREATED WITH CONSERVATIVE THERAPY PREVIOUSLY TO INCLUDE BUT NOT LIMITED TO MEDICATIONS (AMBIEN, LORTAB, NAPLERAM), PHYSICAL THERAPY (8 SESSIONS), EPIDURAL STEROID INJECTIONS TIMES TWO WITH APPARENT SUCCES (50%-70%) IN 2010. PATIENT CONTINUES TO COMPLAIN OF BACK PAIN WITH ASSOCIATED RADICULAR COMPONENT. PATIENT HAD AN MRI ON 4/20/2010 SHOWING EVIDENCE OF BIFORAMINAL DISK PROTRUSION AT L4-5, RESULTING IN ABUTMENT OF THE EXITING RIGHT AND LEFT L4 NERVE ROOT. AT L3-4 THERE IS EVIDENCE OF NEUROFORAMINAL DISK PROTRUSION WITH ABUTMENT OF THE EXITING L3 NERVE ROOT. AN EMG WAS PERFORMED



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ON 3/10/2011 THAT SHOWED L5-S1 RADICULOPATHY. AN MMI PERFORMED ON 3/23/2010 SHOWED 0% IMPAIRMENT. PATIENT WAS ALSO SEEN BY (ORTHOPEDIC) ON 12/29/2010 AND A RECOMENDTION OF SURGICAL INTERVENTION WAS MADE. MOST RECENT PHYSICAL EXAM REPORTS PATIENT CONTINUES TO COMPLAIN OF BACK PAIN WITH ASSOCIATED RADICULAR COMPONENT IN THE LEGS BILATERALLY, AND ASSOCIATED VAS SCORE OF 5-6/10.

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

PER ODG GUIDELINES, A SELECTIVE L4 NERVE ROOT BLOCK ON THE RIGHT IS CERTIFIABLE BECAUSE THE PATIENT CONTINUES TO COMPLAIN OF BACK PAIN WITH ASSOCIATED RADICUAR COMPONENT IN THE LEGS BILLATERALLY, HAS DOCUMENTED RADICULOPATHY ON EMG, POSITIVE FINDINGS ON MRI, HAD CONSERVATIVE TREATMENT WITH LITTLE SUCCESS, AND EPIDURAL INJECTIONS WITH APPARENT DOCUMENTED RELIEF OF 50-70%.

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