IMedReviews
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Notice of Independent Review Decision

DATE OF REVIEW: 4/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

MEDIAN NERVE BRANCH BLOCK AT L4-L5, L5-S1 UNDER FLUORSCOPY.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Document Type	Date(s) - Month/Day/Year
Texas Department of Insurance Notice of Case Assignment	3/15/2012
Insurance Company Utilization Review Rationale	2/16/2012-2/28/2012
Pain Institute Follow Up Examinations Operative Reports	9/27/2011-2/09/2012 9/15/2011-12/01/2011
M.D. Office Visit Notes	9/09/2011
Diagnostic MRI Report	8/19/2011

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Rehab Initial Evaluation Physical Therapy Daily Notes	8/04/2011 8/10/2011-8/22/2011

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured at work on xx/xx/xx. Patient injured his back while transferring a patient who fell. Patient subsequently was seen for his back pain, an MRI was performed on 8/19/2011 with the impression of posterior right central disc bulge with mild paracentral annulus tear, thecal sac impingement at L4-5 with bilateral facet hypertrophy and degenerative changes, posterior central disc bulge with right posterolateral disc bulge, right neural canal narrowing at L5-S1 with facetal degenerative changes. Patient was initially treated with Celebrex 200 mg. BID and hydrocodone 5/500 q8 hrs. Also patient did have physical therapy (six sessions) with no improvement, and patient had massage therapy with no relief of his pain. Subsequently, patient underwent a series of three epidural steroid injections with associated triggers with good relief, but the pain came back. Presently and according to the note dictated on 2/9/2012, patient complaining mostly of low back pain, and pain down left lower extremity. Patient is working full time with no limitations. On physical exam, patient indicated pain in low back over the facet area at L4-5, pain around the quadratus lumborum, and gluteus maximus and medius and decreased sensation to light touch in lower extremity. Patient is presently taking Baclofen
10 mg. and hydrocodone 5/500 q8 hrs.

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

Patient had a back injury at work, was treated with conservative therapy (meds, physical therapy, massage) with limited relief, then with epidural steroid injections and triggers which gave him good relief for a while. Patient is working full time with no restrictions, some of the pain is coming back mostly in his lower back around the facet area with little decrease sensation to light touch in left lower extremity. He is presently taking Baclofen and hydrocodone. MRI showed facet hypertrophy and degenerative changes. Patient meets ODG criteria for median branch block at L4-5 and L5-S1. Therefore, the median branch block is medically indicated.

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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