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Notice of Independent Review Decision

Date notice sent to all parties: 08/21/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral L3-L5 medial branch blocks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in Pain Medicine

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Bilateral L3-L5 medial branch blocks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was allegedly injured at work on xx/xx/xx. On 09/29/08, the patient had right medial branch rhizotomies at L3, L4, and L5 performed by Dr.. On 12/04/08, left L3, L4, and L5 medial nerve rhizotomies were performed by Dr.. The next medical record provided was two years later on 09/22/10 when Dr. performed bilateral L3, L4, and L5 medial branch blocks on the patient. Dr. then repeated left L3, L4, and L5 medial branch rhizotomies on 10/28/10 followed by right L3, L4, and L5 medial branch rhizotomies on 11/18/10. On 05/02/12, the patient was reevaluated by Dr. for new onset of right leg numbness beginning several months before. The patient's medical history was noted to include arthritis, low back pain, and morbid obesity. He was taking medication for hypertension and asthma. Physical examination noted the patient to weigh 320 pounds. There was decreased sensation to light touch in the right lateral leg but normal reflexes and strength in both legs. Dr. noted that these "new onset right

leg radicular symptoms are completely different" than anything the patient had previously expressed. Dr. noted that it was not likely that these symptoms were "part of his work injury from 2003." Dr. obtained a lumbar MRI scan on 08/06/10 which demonstrated bilateral L3-L4 and L4-L5 facet hypertrophy with 2 to 3 mm. disc bulges at each level, but no significant change compared to the MRI scan last done on 08/06/10.

The patient followed-up with Dr. on 05/24/12 after apparently having undergone a lumbar epidural steroid injection (ESI) on an unspecified date. The patient continued to complain of lumbar pain radiating to both flanks but no longer had any pain or numbness in the left leg, although continued numbness and pain in the lateral portion of the right leg "as he has in the past" continued. The patient stated that he was starting to have similar low back symptoms as he was having prior to the last rhizotomy over eighteen months ago. Physical examination noted the patient to be five feet eleven inches tall, weighing 321 pounds. Physical examination documented limited painful lumbar range of motion "secondary to pain and body habitus" with more pain on extension and positive facet loading. Dr. requested bilateral L3, L4, and L5 medial branch blocks be performed.

Initial physician review on 06/11/12 recommended non-authorization of the request, citing the ODG guidelines requiring failure of conservative treatment including home exercise physical therapy and anti-inflammatory medication prior to the requested procedure. Dr. followed-up with the patient on 06/20/12, noting that the patient's low back pain had come back since the rhizotomy in November 2010 and the patient having undergone rhizotomies in the past with pain relief between eighteen and 24 months. Because of pain Dr. noted the patient had recently started taking "some Norco," which was "something the patient does not like to do because of the type of work he does." Physical examination noted the patient to be six feet tall and weighing 301 pounds. There were bilateral lower lumbar spasms with increased pain on extension. Sensation was normal in the legs, and straight leg raising was negative bilaterally. Dr. then submitted an appeal for bilateral L3, L4, and L5 medial branch blocks. A second separate physician reviewer on 06/28/12 recommended non-authorization of the request, again citing ODG guidelines and the lack of evidence of conservative care.

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

The patient is noted to be morbidly obese and his MRI scan demonstrates bilateral facet arthropathy at L3-L4 and L4-L5, findings which, in all medical probability, are related to the patient's morbid obesity and amplification of ordinary disease of life spinal degeneration. The fact that the patient has had relief from rhizotomies in the past is not, in my opinion, sufficient justification to repeat rhizotomies. The MRI scan does not show any other pathology which could logically and medically be related to the original injury. Additionally, as has been pointed out by both physician reviewers, there is no evidence that this patient has been given a trial of anti-inflammatory medication or physical therapy nor that the patient is doing routine home exercise or attempting to lose weight in order to treat his obesity related facet degeneration.

Therefore, according to the ODG Treatment Guidelines, there is no medical reason or necessity for the requested bilateral L3, L4, and L5 medial branch blocks to treat any condition associated with or naturally occurring as a result of the work injury in xx/xxxx. Therefore, the recommendations for non-authorization

submitted by each of the two previous physician reviewers for the requested bilateral L3-L5 medial branch blocks are upheld at this time.

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**
- **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- **X 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)**