

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/26/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Pars Block with Steroid under IV sedation Bilateral L5

**A 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)

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

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who reportedly was injured on xx/xx/xx when he fell from approximately five feet and landed on his back. He complains of low back pain radiating into his legs. MRI of the lumbar spine performed 03/28/12 revealed mild focal either stress or trauma related edema within the right pedicle of L5 with no displaced fracture, distinct pars defect or other acute process. Only mild facet changes were noted at L5-S1. There was no evidence of vertebral fracture or other acute process.

Records indicate that CT scan was performed on 04/16/12 and showed bilateral pars defects; however, no radiology report was submitted for review. Records indicate the claimant was treated conservatively with medications and physical therapy times four weeks without significant improvement. The claimant was recommended to undergo bilateral L5 pars block with steroid under IV sedation.

A pre-authorization review dated 05/25/12 determined that the proposed pars block was not indicated as medically necessary. Reviewer noted that the claimant had only completed one session of physical therapy to date and there was no documentation and there was therefore no documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least four to six weeks as required by current evidence based guidelines.

A reconsideration request was reviewed on 07/05/12 and determined as not medically necessary. It was noted that the previous request was non-certified because there was no documentation of failure of conservative treatment for at least four to six weeks, and there was no rationale provided for the use of IV sedation. Updated documentation included medical report dated 06/12/12 which stated the claimant has now attended four weeks of physical therapy and found it helpful. Physical therapy was to be continued due to persistence of significant pain. Reviewer noted that the physical therapy progress notes were not submitted for review validating attendance and objectively documenting the claimant's

pain and functional response to treatment. Other forms of conservative management likewise were not documented and no home exercise program was reported.

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

Based on the clinical data provided, the request for pars block with steroid under IV sedation at bilateral L5 is not supported as medically necessary. The claimant injured his low back when he fell and landed on his back. He complains of low back pain radiating to the bilateral legs. Examination revealed no evidence of motor deficit. Lumbar extension was noted to exacerbate his pain, and extension with oblique side to side rotation exacerbates his pain. MRI of the lumbar spine reported mild edema within the right pedicle of L5 with no displaced fracture, distinct pars defect or other acute process. CT scan reportedly showed bilateral pars defects, but no radiology report was provided. The claimant was noted to have undergone a course of physical therapy, but no physical therapy progress reports were submitted for review documenting the total number of visits completed, modalities used and response to treatment. Given the current clinical data, medical necessity is not established. The request does not meet Official Disability Guidelines criteria and medical necessity is not established.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**