

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/20/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medial branch block at L4-5 and L5-S1

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

M.D., Board Certified Orthopedic Surgeon

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. The reviewer finds medical necessity does not exist for Medial branch block at L4-5 and L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI lumbar spine dated 05/09/12
Physical therapy report 03/29/12
Clinic notes 03/29/12-06/13/12
Prior reviews dated 06/29/12 and 07/12/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured in a motor vehicle accident on xx/xx/xx. On xx/xx/xx he presented with complaints of pain in lumbar spine, left elbow and neck. Prior treatment on this date included prescription for steroids Flexeril and Hydrocodone. The patient was referred for physical therapy. The patient stated that physical therapy was beneficial and physical examination revealed no palpable spasms or paraspinal tenderness. There was ecchymosis surrounding the left elbow. Recommendation was to continue with physical therapy, medications and work restrictions. MRI of lumbar spine dated 05/09/12 revealed mild to moderate facet disease at L4-5 and minimal facet disease at L5-S1. Follow-up on 05/30/12 stated the patient continued to have pain in low back but physical therapy helped. The patient was not currently performing physical therapy at this evaluation and continued to use Hydrocodone prescribed by another physician. Physical examination at this visit revealed no palpable spasms or tenderness to palpation. There was pain with lumbar range of motion. The physical examination on 06/13/12 demonstrates tenderness to palpation of paraspinal regions bilaterally with loss of range of motion. The patient had increased pain with facet loading. No clear focal neurologic deficits were noted. The request for medial branch blocks at L4-5 and L5-S1 was denied on 06/29/12 as physical therapy reports

indicated therapy was directed toward neck and not lumbar spine, and it was unclear if the patient would engage in active rehabilitation activities following injections. The request for medial branch blocks at L4-5 and L5-S1 was again denied on 07/12/12 due to lack of documentation regarding post injection rehabilitation program.

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

The review of submitted physical therapy note from 03/29/12 indicates physical therapy was directed to cervical spine. There is no further documentation regarding physical therapy to lumbar spine or patient's progress with physical therapy. The patient did not benefit from medication management and physical examination did reveal positive signs of facet loading. There is no indication from clinical documentation that the patient would continue with an active rehab program following injections as recommended by current evidence based guidelines. Given the lack of any indication regarding continuing active rehabilitation following injections and the lack of conservative treatment such as physical therapy to this patient's lumbar spine, the ODG for MBB procedure have not been followed. Therefore, the reviewer finds medical necessity does not exist for Medial branch block at L4-5 and L5-S1.

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)