

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Nerve Root Block Bilateral L5/S1 / Sedation

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

Orthopedic spine surgery, practicing neurosurgeon

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:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
MRI lumbar spine dated 08/06/12
Office visit notes—dated 08/09/12 and 09/27/12
CT lumbar spine dated 09/10/12
Utilization review determination dated 10/04/12
Utilization review determination dated 10/23/12
Letter filed in response to request for IRO, dated 11/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. The records indicate that he was reaching overhead and began to experience low back pain. He suddenly developed symptoms in the right lower extremity. MRI dated 08/06/12 revealed a 5 mm broad-based posterior disc protrusion at L5-S1 without significant spinal stenosis or foraminal stenosis. There is a probable subtle annular tear along the left lateral L4-5 disc origins. There is multi-level disc desiccation at L3-S1, greatest at L5-S1. There is no high-grade foraminal stenosis or nerve root impingement, and no high-grade central spinal stenosis. The claimant was seen on 08/09/12 with complaints of low back pain. The report indicates that the claimant has had no recent chiropractic care, physical therapy, or injections. He has had no medications for his pain. Physical examination revealed the claimant to be 6'1" in height and 228 lbs. with an obese build. He sits comfortably. He does not have difficulty acquiring a full upright position when getting out of a chair. Lower strength was symmetrically present in all

lower extremity muscle groups. Lower reflexes were symmetrically present and normal. Light touch was normal. Lumbar range of motion was normal in all directions and non-painful. Straight leg raises were normal bilaterally with no issues. CT scan of the lumbar spine was performed on 09/02/12 and revealed mild central canal stenosis at L5-S1 related to the 5-6 mm broad-based posterior disc protrusion with moderate narrowing of the left neural foramen. There was borderline central canal narrowing at L4-5 related to a 3-4 mm diffuse annular bulge, degenerative facet joint changes, and ligamentum flavum hypertrophy. Mild narrowing of the left neural foramen was also noted at this level. At L3-4 there were degenerative facet joint changes without central canal or neural foraminal stenosis with a 2-3 mm diffuse annular bulge. The claimant was in follow-up on 09/27/12 after undergoing CT scan of the lumbar spine. The claimant states that on Sunday he had a severe flare-up of low back pain with pain radiating down both legs in a posterior distribution to the knees. He took Flexeril and Norco and did some stretches which improved his symptoms somewhat. On examination, lumbar range of motion is painful and restricted with approximately 50% of normal flexion and extension. Straight leg raising is normal bilaterally. Femoral stretch is positive on the right and left. Lower strength is symmetrically present in all lower extremity muscle groups. Lower reflexes are symmetrically present and normal. Light touch is normal.

A request for selective nerve root block bilateral L5-S1/sedation was not authorized per adverse determination notice dated 10/04/12. It is noted that the claimant underwent cervical fusion at C5-6 in 2000, and C6-7 fusion is planned for 08/21/12. C6-7 selective nerve root block was performed on 07/09/12. Lumbar MRI revealed no disc herniation, high-grade foraminal stenosis, or nerve root compression. There was no compression of any neurological structures in support of a diagnosis of radiculopathy. The claimant's documented signs and symptoms are not convincing regarding radicular pain. The diagnosis of lumbar radiculopathy is not supported. Epidural steroid injection is not recommended in the absence of radiculopathy.

A reconsideration request for selective nerve root block bilateral L5-S1/sedation was non-authorized per adverse determination dated 10/23/12. It was noted that MRI studies revealed disc protrusions at L5-S1 with moderate left foraminal stenosis. There was no indication of significant radicular pain as the claimant's physical examination was unremarkable for any neurological deficits in the lower extremities consistent with the L5-S1 nerve roots. Current evidence based guidelines recommend that there be unequivocal objective evidence regarding lumbar radiculopathy to support the use of selective nerve root blocks. The clinical documentation provided for review does not meet guideline recommendations for the requested services and medical necessity is not established.

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

Based on the clinical information provided, the request for selective nerve root block bilateral L5-S1/sedation is not supported as medically necessary. The claimant is noted to have sustained an injury on xx/xx/xx with onset of low back pain and subsequent development of symptoms in the right lower extremity. MRI revealed multi-level degenerative changes of the lumbar spine with a 5 mm broad-based posterior disc protrusion at L5-S1 without significant symptoms of spinal stenosis or foraminal stenosis, and no evidence of nerve root impingement. On examination, the claimant had no evidence of neurologic deficit with normal motor, sensory, and reflex examination. There was no documentation that the claimant had received and failed to improve with an appropriate course of conservative treatment including physical therapy, chiropractic care, or other conservative measures. ODG criteria for use of epidural steroid injection include the presence of radiculopathy documented on clinical examination, with radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. The clinical information provided for review does not objectively establish radiculopathy on clinical examination and MRI revealed no findings significant for neurocompressive pathology. As such, medical necessity is not established for the proposed bilateral selective nerve root block at the L5-S1 level with sedation.

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)