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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jan/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Facet Medial Branch Block @ L4-L5, Addtl. Level and Fluoroscopy

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

M.D., Board Certified Anesthesiology

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

ODG-TWC Treatment Guidelines
Preauthorization review 11/22/11
Preauthorization reconsideration review 12/07/11
Initial consultation and follow-up reports Dr. 09/07/11-12/20/11
MRI lumbar spine 09/06/11
Electrodiagnostic results 09/20/11
Independent review organization summary AR Claims Management 01/10/12
Employer's first report of injury or illness and request for medical care xx/xx/xx
Modified job offer 08/01/11
Emergency department records 07/29/11
Office notes Dr. 08/15/11
Chiropractic notes Dr. 08/18/11-12/06/11
Letter of medical necessity Medical Supplies 10/01/11
Office notes 10/07/11
Referral form right SI joint 10/07/11
History and physical Dr. 10/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is listed as xx/xx/xx. She was injured pulling frozen food out of freezer cases and packing them in boxes. The claimant was treated at emergency department after injury. Medications included Hydrocodone, Flexeril, Naprosyn and steroids with moderate results. MRI of lumbar spine on 09/06/11 shows 1-2 mm disc bulge at L5-S1. Electrodiagnostic testing performed on 09/20/11 was reported as normal study without evidence of radiculopathy. She had 10 visits of physical therapy. Physical examination performed on 09/07/11 reported lumbosacral range of motion flexion 50, extension 256, right and left rotation 25, right and left lateral flexion 25. Facet rocking was

positive on right. Faber was positive on right. Straight leg raise was positive on right, negative on left. Reflexes were 2/4 in bilateral knees and ankles. Gait was antalgic. Sensation was intact. Motor strength was 5/5 in bilateral lower extremities. Assessment was right lumbar facet syndrome; right SI dysfunction. The claimant was seen in follow-up on 11/15/11 with pain in low back. Current medications are Hydrocodone and Neurontin. According to addendum report, significant changes from previous exam were as follows: 3/4 tenderness in lumbar facet paraspinal at L5-S1 with 25% decreased range of motion. There are negative sensory deficits and negative motor deficits. Straight leg raise is 90 degrees to the left and 90 degrees to the right. There was positive facet rocking. She has failed conservative care, physical therapy, NSAIDs, muscle relaxants and home exercise program. Bilateral LS facet medial branch block L4-5 was recommended as diagnostic modality.

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

Dr. notes dated 11/15/11 and 12/20/11 indicated diagnostic block was requested at bilateral L4-5, no other levels were indicated. Dr. noted that if diagnostic block was positive then plan was to proceed with facet rhizotomy in accordance with Official Disability Guidelines. The claimant has complaints of low back pain. Electrodiagnostic testing revealed no evidence of radiculopathy. Physical examination was consistent with facet mediated pain, with no motor, sensory or reflex changes noted. The claimant failed conservative measures including physical therapy, home exercise program and NSAIDs. Per Official Disability Guidelines, one diagnostic medial branch block is supported for patients with low back pain that is non-radicular in nature and at no more than two levels bilaterally. If response is appropriate (at least 70% pain relief) then consideration can be given to proceeding with radiofrequency ablation. Based on the clinical data provided, the reviewer finds medical necessity is established for Bilateral Facet Medial Branch Block @ L4-L5, Addtl. Level and Fluoroscopy.

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)