

Notice of Independent Review Decision

DATE OF REVIEW: 12/30/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

O/P L3 Nerve Root Block 64483

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

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 or not medical necessity exists for each of the health care services in dispute.

Recommend reversal of original denial of request and subsequent appeal. Current request for selective nerve root injection does meet ODG criteria.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 19 page fax 12/20/11 Texas Department of Insurance IRO request, 73 page fax 12/21/11 URA response to disputed services including

administrative and medical records. Dates of documents range from 04/01/05 (DOI) to 12/20/11

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the available medical documentation, this individual was originally injured xx/xx/xx. According to the description of accident and injury, it was noted that xx/xx/xx he sustained multiple injuries after a metal frame fell off a forklift and landed on him. Accepted injury included left iliac wing fracture, abdomen with partial bowel resection, compression fracture at T4-5, low back, neck, pelvis, left arm, and left leg.

This individual subsequent to the described injury has been through considerable treatment, multiple injections, multiple diagnostic studies, and multiple surgeries with persisting problems of pain. A relatively extensive outline of the medical services provided is included in a report authored by R.N., dated 10/21/09 and identified as a claim file analysis.

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

The denial for the selective nerve root injection is based on failure of an earlier selective nerve root injection that was given to the patient earlier in 2011, prior to the patient's recent spinal surgery of October 2011. The patient did undergo recent surgery 10/10/11 at the L3-4 level with additional revision surgery at the L4-5 level. The patient was then seen two days post surgery in follow-up with Dr. office with fever and identified with early postsurgical wound infection. The patient was started on antibiotics and underwent diagnostic laboratory work. The patient began showing improvement but within two weeks had significantly increased pain and by five weeks post surgery was recommended by Dr. to have a diagnostic selective nerve root injection in order to determine whether or not the infection had resulted in additional problems post surgery or whether there was sufficient diagnostic response to continue observation and non-invasive surgical procedure. Utilizing the *ODG*, it does indicate that postsurgical diagnostic selective nerve root injection is an appropriate indication for the procedure

Epidural steroid injections, diagnostic	Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume
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	<p>of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:</p> <ol style="list-style-type: none">1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below;2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;3) To help to determine pain generators when there is evidence of multi-level nerve root compression;4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;5) To help to identify the origin of pain in patients who have had previous spinal surgery.
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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
- 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)**