

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/29/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Bilateral L2-3/L3-4 Posterior Ramus Medial Branch Block #1

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

M.D., Board Certified Anesthesiology/Pain Management

**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**

Official Disability Guidelines  
01/27/97 – POST-MYELOGRAM CT LUMBAR SPINE  
02/20/04 – RADIOGRAPHS LUMBAR SPINE  
05/11/06 – CLINICAL NOTE – DO  
06/19/09 – RADIOGRAPHS LUMBAR SPINE  
02/23/10 – CORRESPONDENCE – xxxxx, MD  
01/11/11 – CT LUMBAR SPINE  
01/12/11 – MRI THORACIC SPINE  
01/12/11 – MRI LUMBAR SPINE  
12/07/11 – CLINICAL NOTE – DO  
12/15/11 – DESIGNATED DOCTOR EVALUATION  
12/19/11 – OPERATIVE REPORT  
01/02/12 – CLINICAL NOTE – DO  
01/16/12 – OPERATIVE REPORT  
02/16/12 – OPERATIVE REPORT  
03/15/12 – CLINICAL NOTE –DO  
04/20/12 – UTILIZATION REVIEW DETERMINATION  
04/30/12 – REQUEST FOR A REVIEW BY AN INDEPENDENT REVIEW ORGANIZATION  
05/08/12 – UTILIZATION REVIEW DETERMINATION  
05/09/12 – CORRESPONDENCE –  
05/10/12 – NOTICE TO I-RESOLUTIONS, INC OF CASE ASSIGNMENT

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who sustained an injury on xx/xx/xx when she lifted boxes of vials and felt pain to the low back. She had L4-5 and L5-S1 posterior lateral fusion in April 1998. Post-myelogram CT of the lumbar spine on 01/27/97 revealed mild disc bulges at L3-4 and

L4-5 without significant compression of the thecal sac or impingement of the exiting nerve roots. Radiographs of the lumbar spine on 02/20/04 revealed metallic hardware with stabilizing bars and pedicle screw fixation in the lower lumbar region and upper sacrum. There were moderate degenerative changes at L3-4. Radiographs of the lumbar spine on 06/19/09 revealed post-operative posterolateral fusion changes and disc prostheses at L5-S1 and S1-2. There were degenerative disc changes with some sclerosis about the opposing vertebral bodies at L3-4. Discitis was not suspected. There was no evidence of acute bony injury. CT of the lumbar spine on 01/11/11 revealed pedicle screw and rod fixation from L5 to S2 with metallic disc spacers at L5-S1 and S1-2 with transitional vertebral body at the lumbosacral junction and lumbarization of S1. There was moderate to severe L3-4 degenerative disc disease without significant stenosis. There were multiple non-obstructing left renal calculi.

MRI of the thoracic spine 01/12/11 revealed mild dilation of the central thoracic canal or small syrinx without tumor or disc herniation or central canal narrowing. MRI of the lumbar spine 01/12/11 revealed previous disc surgery at L4-5 and L5-S1 with pedicle screw fixation. There was no recurrent or residual disc herniation. There was no canal stenosis. There was disc space narrowing at L2-3 with broad-based bulge. There was no neural foraminal narrowing seen. There was a left renal stone noted.

The claimant was seen for designated doctor evaluation on 12/15/11. Physical exam revealed tenderness to palpation of the thoracic and lumbar spine. There was a healed surgical scar. There was paraspinal muscle guarding noted. Straight leg raise was reported to be positive bilaterally. The deep tendon reflexes were diminished at the left ankle jerk. There was decreased sensation to light touch of the anterior left thigh and anterior left leg. There was mild weakness of the left quadriceps, left hip flexors, left ankle dorsiflexors, and left extensor hallucis longus. There was marked stiffness with range of motion of the lumbar spine. The claimant was assessed with status post L4-S1 posterior fusion with interbody cages, L3-4 degenerative disc disease with scoliosis, and spinal stenosis secondary to degenerative disc disease. The claimant underwent bilateral L2-3 and L3-4 posterior primary ramus medial branch block under fluoroscopy on 12/19/11.

The claimant saw Dr. on 01/02/12 with complaints of increasing pain. Physical exam revealed tenderness over the right paralumbar facet region at L2-3 and L3-4. The claimant was recommended for right L2-3 and L3-4 posterior primary ramus medial branch block under fluoroscopy. The claimant underwent right L2-3 and L3-4 posterior primary ramus medial branch block under fluoroscopy on 01/16/12. The claimant underwent right L2-3 and L3-4 paralumbar facet rhizotomy under fluoroscopy on 02/16/12. The claimant saw Dr. on 03/15/12 with complaints of low back pain. The claimant's medications included Duragesic patch and hydrocodone. Physical exam revealed tenderness to palpation of the lumbar spine, as well as over the right sacroiliac joint segment. There was weakness with bilateral hip flexion and dorsiflexion. The deep tendon reflexes were equal bilaterally. The claimant was changed from Duragesic patch to Butrans patch. The claimant was prescribed hydrocodone. The claimant was recommended for repeat injection.

The request for bilateral L2-3 and L3-4 posterior ramus medial branch block was denied by utilization review on 04/20/12 as the performance of the procedure under intravenous sedation was contraindicated based on Official Disability Guidelines. There was no clinical indication where sedation should be supported in the role of the diagnostic facet injection where clear conscious understanding of pain relief over the first few hours of injection are necessary to determine functional efficacy. The request for bilateral L2-3 and L3-4 posterior ramus medial branch block was denied by utilization review on 05/08/12 due to lack of objective physical examination findings indicating evidence of disease and lack of documentation of improvement that would indicate a need for repeat block.

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

The claimant is noted to have undergone prior blocks and rhizotomy at these levels. The clinical documentation does not provide any objective results from the procedure to include functional improvement or reductions in medication usage. There is no indication from the

clinical notes that the requested blocks are diagnostic or therapeutic in nature. The claimant has already undergone rhizotomy at the requested levels and repeat diagnostic blocks would be unnecessary. Current evidence based guidelines also do not recommend therapeutic branch blocks in patients who have previously undergone lumbar fusion. The request is not consistent with guideline recommendations or supported by the clinical documentation. The reviewer finds no medical necessity for Bilateral L2-3/L3-4 Posterior Ramus Medial Branch Block #1.

**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)