



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non- network (WC)

May 29, 2012

DATE OF REVIEW: 5/24/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L3-L5 Medial Branch Blocks to include CPT codes 64493x2, 64494x2, 64495x2.

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

Texas State Licensed DO Board Certified Physical Medicine & Rehabilitation physician

REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE] Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

(Ag

ree) Overturned

(Di

sagree)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY:

The patient is a female who sustained a xx/xx/xx, occupational lifting injury. On that date, the patient lifted a milk crate resulting in a thoracic/lumbar sprain/strain injury. The patient received conservative care including physical therapy treatment and prescribed medications – Naprosyn, tramadol, and Flexeril. The physical therapy caused increased symptoms and was therefore discontinued. The patient was referred for a non-contrast lumbar MRI scan dated February 24, 2012, which is reportedly unremarkable. The patient was then referred to a physical medicine specialty physician who evaluated the patient on March 9, 2012. The physician evaluated the patient. He recommended a trial of lumbar medial branch blocks as the patient demonstrates



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tenderness to palpation of bilateral L3, L4, and L5 lumbar facet joints and lumbar extension is painful with improved comfort with lumbar flexion. The patient demonstrates no focal lower extremity neurologic impairment.

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

They requested bilateral L3-L5 medial branch blocks to include CPT Codes 64493 x2, 64494 x2, and 64495 x2 is not approved because this request fails to satisfy ODG guidelines for the following reasons:

1. Patient is demonstrating predominantly right lower extremity radicular pain complaints.
2. ODG guidelines limits medial branch blocks to 2 spinal joint levels and this particular request is for 3 spinal joint levels.

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



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- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**