

SENT VIA EMAIL OR FAX ON
Mar/09/2012

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Lumbar medical Branch nerve locks, Bilaterally at L4-S1, Under IV sedation, with Fluoroscopy

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

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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 01/09/12, 02/08/12

Follow up note dated 12/15/11, 01/17/12, 11/23/11, 11/17/11, 11/10/11, 11/02/11, 10/13/11

Operative report dated 10/27/11

Initial evaluation dated 09/23/11

New patient consultation dated 11/11/11

Radiographic report dated 08/22/11

MRI lumbar spine dated 08/22/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell off a stool and twisted his back. MRI of the lumbar spine dated 08/22/11 revealed disc desiccation and mild facet hypertrophy without canal stenosis or foraminal narrowing at L3-4. At L4-5 there is minimal disc desiccation and facet hypertrophy without canal stenosis or foraminal narrowing. At L5-S1 the intervertebral disc is normal in configuration and there is no spinal canal stenosis or neural foraminal narrowing. Note dated 10/13/11 indicates that the patient had no significant improvement with medications or therapy. The patient underwent bilateral L4-5 and L5-S1 facet medial branch nerve block on 10/27/11. Note dated 11/11/11 states that the patient has completed about 8 sessions of physical therapy. The patient underwent medial

branch block which did not relieve his symptoms and he feels as though this actually made it worse. Physical examination on 01/17/12 notes there is palpable tenderness in the periaxial lumbosacral spine. Pain is exacerbated with facet loading. He is able to heel and toe walk. Straight leg raising is negative. He can forward flex to 20 degrees, extension is less than 20 degrees.

Initial request for diagnostic lumbar medial branch nerve blocks bilaterally at L4-S1 under IV sedation with fluoroscopy was non-certified on 01/09/12 noting that repeat diagnostic medial branch blocks are not considered necessary per ODG. One set is sufficient. The office sent a note from 11/2 after the first set was done. It indicated he had no response. Therefore, repeating a failed procedure is not indicated. The denial was upheld on appeal dated 02/08/12 noting that current evidence based guidelines support one set of diagnostic medial branch blocks, and the patient previously underwent medial branch blocks in October 2011; however, the patient's objective, functional response to these blocks is not documented.

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

Based on the clinical information provided, the request for diagnostic lumbar medial branch nerve blocks, bilaterally at L4-S1, under IV sedation, with fluoroscopy is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous medial branch blocks bilateral L4-5 and L5-S1 on 10/27/11 which did not relieve his symptoms, and in fact, the patient feels as though the procedure made his pain worse. The Official Disability Guidelines do not support repeat diagnostic medial branch blocks as one set of blocks is sufficient. Given that the patient has already undergone one set of diagnostic medial branch blocks at the requested levels and that the blocks provided no relief, the request is not indicated as medically necessary.

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 KNOWLEDGBASE

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)