



Amended March 14, 2012

REVIEWER'S REPORT

DATE OF REVIEW: 03/11/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral selective nerve root block S1 with flouroscopy

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. SWF forms
2. Certification page
3. TDI referral forms
4. Denial letters, 01/20/12 and 02/17/12
5. Requester records
6. Clinical notes, Orthopedic Surgery, MD, 02/20/12, 12/20/11, 11/18/11,10/20/11, 09/20/11, 08/23/11, 07/12/11, 05/24/11, and 10/29/10
6. MD, 01/12/12
7. Operative report, 11/29/11, cervical epidural steroid injections
8. Operative report, 08/09/11, caudal epidural steroid injection and cervicothoracic epidural steroid injection
9. MRI scan, lumbar spine, 03/03/10
10. MRI scan, cervical spine, 03/03/10
11. X-rays, thoracic spine and lumbar spine, 12/15/09
12. Clinical notes, MD, 10/12/10, 09/02/10, 05/17/10, 03/22/10, and 03/08/10
13. Clinical notes, PA, 02/02/10, 01/12/10, and 12/15/09
14. Clinical note, MD, 09/28/10
15. URA records
16. Workers' compensation verification for diagnostic and surgical procedures, 01/12/12, and appeal 01/23/12

- 17. Clinical note 10/25/11, MD
- 18. TWCC-73 form 10/25/11, MD

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The claimant is a male who suffered cervical and lumbar strain carrying heavy, loaded cabinets up a staircase on xx/xx/xx. He has had chronic cervical and lumbar pain. He had bilateral upper extremity pain and lower extremity pain. He has had treatments including medications, physical therapy, and epidural steroid injections. He has been treated with activity modification. His chronic low back pain is associated with bilateral lower extremity pain and inconsistent physical examination. He suffers Grade II spondylolisthesis at L5-L1. He underwent one caudal epidural steroid injection without prolonged benefit. The current request is to pre-authorize bilateral selective S1 nerve root blocks. The request was considered and denied. The request was reconsidered and denied.

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

There are inconsistent physical findings without documentation of radiculopathy. In October of 2011, straight leg raising tests were reported negative and there were no physical findings to suggest radiculopathy. In the absence of radiculopathy confirmation, selective nerve root blocks would appear inappropriate and the request for bilateral selective S1 nerve root blocks has been denied. The prior denials were appropriate and should be upheld.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)