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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Nerve Root Block, Medial Branch Block at L3 and L4, with Fluoroscopy

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

M.D., Board Certified Orthopedic Surgery

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
Pre-authorization report and notification 01/06/12
Pre-authorization report and notification (appeal) 02/01/12
Pre-authorization request 12/13/11
Orthopedic consult and orthopedic results MD 03/31/11-01/19/12
Manual muscle test and range of motion exam 12/08/11 and 10/07/11
Lumbar spine MRI 01/23/09
Operative report bilateral L3-4 facet joint injection 08/28/09
Pre-authorization reconsideration request 01/24/12
Application for supplemental income benefits not dated
Designated doctor evaluation MD 07/07/10
Designated doctor evaluation and letter of clarification response MD 10/01/08 and 01/19/10
Orthopaedic Center office visit notes 06/27/08-06/26/09 (various providers)
Post-designated doctor's required medical examination MD 12/02/08
Physical therapy evaluation 07/02/08
Cervical spine MRI 07/08/09 and 11/15/07
MRI bilateral shoulders 10/13/08
Pre-authorization report and notification authorizing left shoulder arthroscopy 04/12/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx while employed as a xx with xx. He was injured secondary to an altercation with an and suffered injuries to the neck, back and both shoulders. He had injections to the bilateral shoulders in 2008. He has a history of previous right shoulder arthroscopy that improved after surgery. He has not had surgery for this injury. He has had physical therapy, medications, TENS unit and injections. The claimant saw Dr. on 03/31/11. It was noted the claimant complains of 7/10 cervical pain

radiating to the right arm and elbow. He has 6/10 back pain with weakness bilaterally. He has 6/10 thoracic pain and 5/10 bilateral shoulder pain with numbness and tingling. Examination at that time reported a weakened right bicep reflex. Brachioradialis and triceps reflexes were symmetric. There was decreased cervical range of motion with positive Spurling's sign. There was diminished sensation along the right C5 distribution with mild deltoid weakening on the right. Lumbar spine was tender and the midline was painful has painful decreased range of motion. Lower extremity motor strength and sensation were intact. There was positive impingement sign on the right and pain and weakness with abduction. Left shoulder had tenderness over the acromioclavicular joint. There was pain with cross test adduction. A positive impingement sign as well as anterolateral tenderness also was noted.

There was weakness in abduction with limit of about 150 degrees on the left. MRI of the lumbar spine was performed on 01/23/09 and was unremarkable. EMG of the lower extremities was performed 03/23/09 and was unremarkable. EMG of the upper extremities performed 07/15/10 was unremarkable. Cervical MRIs demonstrated right-sided protrusion at C4-5. Claimant was seen in follow-up on 12/08/11 and was noted to have been participating in at home physical therapy and increasing mobility with little results. It was noted that the claimant had undergone previous lumbar facet injections on 08/28/09. Claimant states the injections gave him good results but he has never had additional treatment performed.

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

This man was injured secondary to an altercation with an. He complains of injuries to his neck, back and both shoulders. He had no evidence of lumbosacral radiculopathy, with no evidence of neurocompressive pathology on MRI. The claimant does have findings consistent with facet mediated pain however. As noted by Dr. letter dated 01/19/11, the claimant stated he had approximately 78% relief with facet injections performed 08/28/09. Dr. further noted that the appropriate next step would be to proceed with radiofrequency ablation of lumbar spine, but since injection was so far away he proposed to perform additional diagnostic injection on left at L3-4 prior to proceeding with radiofrequency ablation. This appears to be a reasonable approach to confirm diagnosis prior to proceeding with radiofrequency ablation. As such, it is the opinion of the reviewer that medical necessity is established for Selective Nerve Root Block, Medial Branch Block at L3 and L4, with Fluoroscopy. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)