Medwork Independent Review
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ACCREDITED INDEPENDENT REVIEW ORGANIZATION

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

February 28, 2012

DATE OF REVIEW: **2/27/2012**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Medial branch rhizotomy at L3-L4 and L4-L5, two levels which cover the L3-L4-L5 medial branches.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Anesthesiology & Pain Management 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 (Agree)
☒ Overturned (Disagree)
☐ 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
1. Texas Dept of Insurance Assignment to Medwork 2/8/2012,
2. Notice of assignment to URA 2/7/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 2/8/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/8/2012
6. back institute letter 2/6/2012, Request for examination undated, denial determination notice 2/3/2012, 1/24/2012, back institute follow-up 1/17/2012, script for orders 1/17/2012, medicals 12/6/2011, operative report 12/2/2011, radiography note 12/2/2011, approval determination notice 10/18/2011, back institute follow-up 10/12/2011, doctor evaluation 10/12/2011, back institute follow-up 8/24/2011, operative report 8/16/2011, radiography note 8/16/2011, medicals 8/16/2011, medical notes rehabilitation 8/12/2011, approval determination notice 7/28/2011, back institute addendum 7/27/2011, back institute follow-up 7/21/2011, workers comp status report 7/21/2011, medicals 7/14/2011, workers comp status report 5/26/2011, back institute follow-up 5/26/2011, workers comp status report 4/21/2011, back institute follow-up 4/21/2011,

insurance information 3/28/2011, 3/25/2011, workers comp status report 3/24/2011, back institute follow-up 3/24/2011, workers comp status report 3/19/2011, capacity evaluation 3/16/2011, back institute follow-up 3/9/2011, treatment sheet 2/26/2011, physician letter 2/23/2011, approval determination notice 2/17/2011, medicals 2/15/2011, 2/11/2011, 2/10/2011, other medical information.

7. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient is a male with a history of low back pain. The patient was in an accident involving a motor vehicle on xx/xx/xx and suffered low back pain, headaches and eye pain which involved his neck both upper back and low back. On physical exam, there is tenderness with increased pain on extension, i.e., positive facet loading. Patient has been treated in the past with medications and physical therapy. On August 6, 2011, and on December 20, 2011, the patient had facet blocks and medial branch blocks, both with 70% to 80% pain relief.

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

When referring to the *Official Disability Guidelines'* chapter on low back pain under diagnostic facet injections, it states that facet injections should be done before going on to a facet neurotomy, which is a rhizotomy. The patient has had two blocks, one on August 6, 2011, and one on December 20, 2011, as a confirmatory block, with pain relief: therefore, the insurance's denial is overturned.

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**

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