

# Core 400 LLC

An Independent Review Organization  
7000 N Mopac Expressway, Suite 200  
Austin, TX 78731  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/05/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat Blood Patch, Lumbar Spine

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

M.D., Board Certified Anesthesiology

**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  
Utilization review/non-certification decision 01/13/12  
Utilization review upholding original non-certification determination 01/31/12  
Physical therapy/occupational therapy pre-authorization request form 01/11/12  
Status report follow-up evaluation 01/11/12  
Physical therapy re-evaluation 01/03/12  
Physical therapy daily note 01/05/12  
Peer review report 12/21/11  
Patient information sheet 12/17/11  
Utilization review determination non-certification decision 12/23/11  
History and physical 12/17/11  
Operative report 12/17/11 lumbar epidural blood patch  
Pre-authorization request 01/09/12  
Pre-authorization appeal request 01/26/12  
Office visit notes 02/01/12 and 02/03/12  
Telephone message memos 01/09/12, 01/27/12, 01/31/12  
SOAP notes 02/01/12  
Emergency department records 01/24/12

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who was injured on 12/17/10 when he lifted a hose and injured his low back. He underwent selective nerve root block L5 performed 11/16/11, and developed post dural puncture headache. He is status post epidural blood patch performed 12/17/11. Claimant was recommended to undergo repeat blood patch. The records reflect on 02/03/12 the claimant underwent repeat epidural blood patch performed by in the clinic. A utilization review dated 01/13/12 rendered non-certification decision requesting epidural blood patch. It was noted the claimant had nerve root block and developed spinal headache and failed conservative treatment and treated with blood patch on 12/17/11. There is no follow-up note to this to see his result or current symptoms are to warrant another. A utilization review of

appeal of non-certification determination dated 01/31/12 upheld original non-certification determination regarding epidural blood patch. It was noted that the documentation submitted for review elaborates the claimant complaining of ongoing headaches following previous lumbar procedure. The Bowden et al study of 2012 revealed blood patches “appear to be treatment of choice when conservative measures have failed.” Conservative therapy prior to application of blood patch would include bed rest, oral hydration and increased salt intake along with intravenous fluid, caffeine and use of abdominal binder.

There is mention in clinic notes regarding the claimant's previous medication therapy hydration; however, there is lack of information regarding claimant's use of caffeine, IV fluids and abdominal binders. Noting the lack of information regarding claimant's exhaustion of all conservative treatment, the request is not indicated.

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

The claimant underwent selective nerve root block and developed symptoms of post dural puncture headache. An epidural blood patch was performed on 12/17/11 which reportedly helped his headache for about a day, but the following day his headache started coming back. Records indicate the claimant presented to emergency department on 01/24/12 with complaints of headache, but the claimant was treated for sinus infection. He was prescribed antibiotics which resulted in no change in symptoms and complaints. Noting that the patient had a positive but limited response to blood patch, the reviewer finds that Repeat Blood Patch, Lumbar Spine is 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 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)