

MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: April 30, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Evaluation with a pain management physician for selective nerve root block at L4-L5.

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

M.D., Board Certified in 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)

The requested evaluation with a pain management physician for selective nerve root block at L4-L5 is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 3/23/12.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 4/11/12.
3. Notice of Assignment of Independent Review Organization dated 4/11/12.
4. Preauthorization Request.
5. Letter from dated 4/11/12.
6. Letter from MD dated 3/7/12.
7. Clinic notes from MD dated 3/7/12, 2/15/12, 1/26/12, 1/25/12, and 1/4/12.
8. Medical Conference Note from MD dated 2/27/12.
9. Lumbar myelogram report dated 10/18/11.
10. CT myelogram of the cervical and lumbar spine dated 10/18/11.
11. Radiology report dated 1/14/11.
12. Needle electromyography report dated 3/17/11.
13. MRI of the lumbar spine without contrast dated 1/28/11.
14. OHS Physical therapy notes dated 12/29/10, 12/22/10, 12/17/10, 12/10/10, 12/6/10, and 11/30/10.
15. Denial documentation dated 3/21/12, and 2/27/12.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work related injury to his lower back when he picked up a 16 foot piece of wood and twisted and immediately felt pain in his lower back on xx/xx/xx. The diagnoses are low back pain and lumbar radiculopathy. The patient had a flexion extension x-ray of the lumbar back on 1/14/11 that showed slight spondylolisthesis at L4-5 level of a few millimeters. The patient had an MRI of the lumbar spine on 1/28/11 that showed mild chronic compression fracture of T12 and L1 with mild retropulsion of the posterior vertebral margin of the T12 causing mild to central stenosis at T11-12 and T12-L1. There was mild annular disc bulges and mild bilateral facet joint hypertrophy at L3-4 and L4-5 causing no significant nerve root impairment. There was a small Schmorl's node within the inferior endplate of L4 and mild intervertebral disc space narrowing of L4-5. An EMG dated 3/17/11 showed abnormalities suggestive of a L4 radiculopathy on the right. A 10/18/11 lumbar myelogram showed T11-12 disc osteophyte complex with probable unusual posterior midline fracture related to Schmorl's node involving the endplates of T12 causing mild to moderate stenosis but no neural foraminal narrowing.

The patient was seen on 1/4/12 and reported that his back pain was greater than leg pain. On physical exam there was tenderness to palpation. The range of motion was decreased with low back pain. Facet signs were markedly positive and the straight leg raise on the right produced low back pain. Motor strength was intact. The diagnosis were low back and right leg pain, disc desiccation L4-5 and a Schmorl's node, wedge compression fracture at L1 and T12, and lumbar

facet syndrome. It was recommended that the patient have lumbar facet blocks at L4-5 and L5-S1, and if they do not help then undergo a selective nerve block and possible lumbar discogram. The patient was seen on 1/26/12 for a history and physical for admission to the hospital for lumbar facet blocks. The physical exam was unchanged from the patient's previous visit. The patient was being admitted on 1/27/12 for L4-5 and L5-S1 lumbar facet blocks.

The patient was seen on 2/15/12 and reported that after having the lumbar blocks later the same day he started having right lower back pain and right groin pain. On physical exam he had diffuse tenderness in the lower lumbar area. His facet signs were positive as was the straight leg raise on the right. His pelvic distraction, pelvic rock and Flamingo test were all positive. The impression was disc desiccation and Schmorl's node at L4-5, right lumbar radiculopathy suggested at L4 by EMG, right lower back pain and right leg pain, possible right sacroiliitis, lumbar facet syndrome and wedge compression fracture at T12 -L1. It was recommended that the patient have a right selective nerve root block. The patient was seen on 3/7/12 and the physical exam remained unchanged from the previous visit. A request has been made for evaluation with pain management physician for selective nerve root block at L4-L5.

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

The requested selected nerve root block is not medically necessary based on review of the medical records. The patient is a xxx-year-old man who has back and right leg pain following a November 2010 injury. He has undergone diagnostic testing with a 10/18/11 lumbar myelogram which documented T11-T12 abnormality. He has also had 1/13/11 x-rays which show slight spondylolisthesis at L4-L5. There has also been a lumbar MRI documenting chronic compression fractures at T12 and L1 with AP dimension of the canal 6.5 mm, and degenerative disc changes at L3-L4 and L4-L5. He has also undergone a 3/17/11 EMG which describes suggested L4 radiculopathy on the right. These records provided also seem to indicate that the patient underwent a prior epidural steroid injection. However, the submitted records do not include any documentation of a positive outcome with previous injections.

The Official Disability Guidelines (ODG) document the use of epidural steroid injection in a patient who has ongoing radicular complaints with either a positive EMG or positive neurologic deficit. Further, the ODG note that there is no indication for repeat injections if there was not a specific amount and length of time of improvement following the first injection. In this case, the patient already had a previous lumbar epidural steroid injection without improvement, which would indicate that there is no medical necessity for a repeat injection.

Consistent with these findings, I have determined the requested evaluation with a pain management physician for selective nerve root block at L4-L5 is not medically necessary for treatment of the patient's medical condition.

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 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)