

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral MBB L4-5 L5-S1

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

M.D., Board Certified Pain Medicine

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 determination dated 03/26/12, 04/12/12

Institute patient profile no date

Follow up note dated 03/20/12, 01/13/12, 11/01/11, 10/21/11, 07/21/11, 04/19/11, 04/11/11, 03/15/11, 02/21/11, 04/24/07, 03/23/12

MRI lumbar spine dated 01/10/06

Handwritten physical therapy daily progress note dated 03/29/11, 03/15/11

Operative report dated 09/07/11, 02/14/06, 02/27/09, 12/12/06, 01/16/07, 04/03/07

CT myelogram lumbar spine dated 04/07/06

Radiographic report dated 09/07/11

Pain diagram dated 11/01/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx. He reported low back pain secondary to lifting. MRI of the lumbar spine dated 01/10/06 revealed mild degenerative disease at L5-S1 and L4-5 with generalized disc bulging and associated mild spinal canal and bilateral lateral recess stenosis at L4-5. The patient underwent lumbar epidural steroid injection on 02/14/06 and 02/27/06. Lumbar myelogram dated 04/07/06 is reported as an unremarkable study. Post-myelogram CT revealed small cystic area reported in the area of the left lateral recess of L5-S1; mild posterior disc bulging at L4-5 and L5-S1; unilateral pars defect on the left at L5. The patient underwent bilateral L4-5 and L5-S1 facet injection on 12/12/06 and 01/16/07 followed by radiofrequency denervation L3 to sacrum on 04/03/07. Note dated 04/24/07 indicates that he has noticed some improvement in his pain. The patient subsequently underwent a course of physical therapy. The patient underwent bilateral L4-5 and L5-S1 facet joint injection on 09/07/11. Follow up note dated 10/21/11 indicates that the patient's pain decreased from 6/10 to 2/10 only during the anesthetic phase. He did not get anything

from the corticosteroid phase. New patient consultation dated 11/01/11 indicates that the patient has completed a chronic pain management program. Follow up note dated 03/20/12 indicates that on physical examination upper and lower extremity strength is 5/5. Strength, coordination and fine motor movements skills are intact. There is some tenderness across the lumbosacral junction.

Initial request for bilateral MBB L4-5, L5-S1 was non-certified on 03/26/12 noting that the response to facet injection performed on 09/07/11 was not objectively documented. The guidelines state that facet medial branch blocks are not recommended except as a diagnostic tool as there is minimal evidence for treatment. No more than one set of diagnostic medial branch blocks is needed prior to subsequent neurotomy. Recent objective findings likewise do not suggest symptoms of facet pathology.

There is no objective documentation provided substantiating failure of a course of conservative treatment. The denial was upheld on appeal dated 04/12/12 noting that a more recent comprehensive physical examination with neurological evaluation and special orthopedic test was not provided by the requesting physician. Medical records sent for review fail to document exhaustion of other recommended conservative treatments such as oral pharmacotherapy and physical therapy. The functional objective patient response through VAS pain scales and PT progress notes were not provided. There were no recent PT progress notes to document response to therapy. The medication logs with VAS scoring were not stated. There was no indication the patient would engage in an active rehabilitation therapy in conjunction with the block.

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

There is no current, detailed physical examination submitted for review to establish the presence of facet-mediated pathology. The most recent physical examination dated 03/20/12 notes only some tenderness across the lumbosacral junction. The patient underwent bilateral L4-5 and L5-S1 facet joint injection on 09/07/11. Follow up note dated 10/21/11 indicates that the patient's pain decreased from 6/10 to 2/10 only during the anesthetic phase. He did not get anything from the corticosteroid phase. Given the current clinical data, it is the opinion of the reviewer that the requested Outpatient Bilateral MBB L4-5 L5-S1 is not indicated as medically necessary at this time.

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)