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Notice of Independent Review Decision

DATE: November 20, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient ASC Selective Nerve Root Block, Left L5-S1, 64483 64484 77003

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

The reviewer is a licensed pain management physician who is also certified by the American Board of Anesthesiology with over 40 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained a work-related injury to her left knee, left hip, and lower back areas when she slipped and landed hard in a parking area. She is status post medial branch blocks at L2-L3 and L5-S1.

01/26/11: The claimant was evaluated regarding low back, hip, and leg pain. She described the pain as gnawing and constant, average rating of 6/10 with worst pain at 9/10. The pain was made worse by sitting and lying down and better by getting up. It was noted that she had undergone physical therapy. On physical exam of the lumbar spine, she had left L4 to S1 facet joint tenderness. She had a left Patrick's and Gaenslen's maneuver. She had 5/5 strength in the upper and lower extremities. Reflexes were roughly equal and symmetric bilaterally. She had normal gait and station. **ASSESSMENT:** Lumbar degenerative disc disease. Displacement of lumbar disc. Lumbar radiculopathy. Hip osteoarthritis. Hip joint

pain. Left sacroiliitis. PLAN: Lyrica, Tramadol. Left L5 and S1 selective nerve root block. Consider left hp injection/sacroiliac joint injection. New MRIs of the lumbar spine as well as left hip. Physical therapy.

01/31/11: MRI Lumbar Spine. IMPRESSION: Small broad-based disc protrusion L5-S1. No specific pathology in the more cranial levels where hip radiculopathy would be more likely. MRI Left Hip IMPRESSION: Negative for fracture, destructive lesion, or osteonecrosis. Mild osteitis pubis, which may or may not be clinically relevant.

04/14/11: Procedure note. POSTOPERATIVE DIAGNOSIS: Left hip OA. PROCEDURE: Left hip joint injection.

10/25/11: The claimant was evaluated for followup of left hip and left lower extremity pain rated at 5-8/10. ASSESSMENT: Hip pain. Lumbago. Piriformis syndrome. Lumbar radiculopathy. Lumbar disc displacement. PLAN: Consider possible EMGs due to the decreased leg strength in the left lower extremity. Schedule left hip injection. Consider lumbar ESI versus selective nerve root blocks if she has residual left lower extremity pain status post left hip joint injection. Home exercise program encouraged.

02/23/12: Procedure note. POSTOPERATIVE DIAGNOSES: Displacement of lumbar disc. Sciatica. PROCEDURE: Selective nerve root block on the left at L5 and S1.

08/24/12: Letter of medical necessity. "This is a letter of medical necessity for this patient to receive a left L5-S1 selective nerve root block. This is well known patient with MRI findings consistent with a broad-based disc protrusion at L5 and S1. Clinically, it is found that she has a left L5-S1 radiculopathy. Furthermore, she received the advised injection of the above-recommended injection on 02/23/12 with elimination of the burning pain in her legs. This injection allowed her to work, to ambulate further, and this allowed her to ambulate significantly further and improve her quality of life. This is well documented in the chart. Her pain began to return approximately five months later and as the pain continues to return, we are requesting an L5, S1 selective nerve root block."

08/24/12: The claimant was evaluated for lower back pain and left lower extremity pain. It was noted that her pain had been increasing. It was noted that her last selective nerve root blocks helped greatly. She rated her pain as 7/10 to 9/10. She was scheduled for repeat left-sided L5 and S1 selective nerve root blocks. Consider SI joint injection in the future as she had prominent left SI joint tenderness across and also with a positive left Patrick's maneuver. Home exercise program was encouraged. She was to follow-up after her next procedure.

09/14/12: UR. COMMENTS: The most recent medical record dated 08/24/12 includes illegible notes that may provide important clinical data. Nonetheless, a
LHL602 REV 05/12

studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
- 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;

- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

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