

# IRO Express Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Nov/07/2012

### IRO CASE #:

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

Lumbar Medial Branch Blocks @Left L4 and Left L5

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

Orthopedic spine surgeon, practicing neurosurgeon

### 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)

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

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes from Dr. dated 09/06/11 – 09/10/12

Operative reports dated 10/19/11 and 05/03/12

MRI left hip dated 08/10/11

MRI left shoulder dated 08/12/11

MRI lumbar spine dated 08/12/11

CT of the pelvis completed 06/29/11

Radiographs of the left shoulder, pelvis, and hip dated 09/06/11

Radiographs of the lumbar spine dated 09/06/11

Electrodiagnostic studies completed 02/08/12

Clinical note dated 07/05/11

Emergency room record dated 07/20/11

Functional capacity evaluation dated 06/15/12

Designated doctor's evaluation dated 06/21/12

Physical therapy notes dated 07/15/11 – 08/29/11

Aquatic therapy notes dated 01/13/12 – 02/27/12

Prior reviews dated 09/20/11 – 04/19/12

Prior utilization reviews for the request dated 09/18/12 and 10/15/12

Cover sheet and working documents

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he fell out of a work truck.

The patient was initially treated by Dr. for a left shoulder rotator cuff tear. MRI studies of the lumbar spine completed on 08/12/11 revealed multi-level degenerative disc disease from L2-5. Facet joint hypertrophy was noted at L3-4 and L4-5. Electrodiagnostic studies completed on 02/08/12 were normal for radiculopathy. The patient did undergo a left shoulder rotator cuff repair in 10/11 followed by a manipulation under anesthesia in 05/12. Postoperative evaluation by Dr. on 06/15/12 stated that the patient continued to report tenderness in the mid to lower lumbar region, left worse than right, with decreased range of motion primarily on extension. The patient did report back pain with straight leg raising. There was evidence of weakness in the right knee flexor and extensors and there were subtle paresthesias along the left L5 nerve root distribution. The patient was again recommended for medial branch blocks to the left at L4 and L5. Follow-up on 09/10/12 documented no significant changes on physical examination for the lumbar spine. The patient was again recommended for medial branch blocks to the left at L4 and L5.

The request for medial branch blocks to the left at L4 and L5 was denied by utilization review on 09/18/12 as a radicular component of pain cannot be excluded based on the patient's physical examination findings. There was also no documentation regarding failure of rehabilitative therapies to address the patient's low back symptoms. The documentation indicated that physical therapy and home exercise were directed for the left shoulder.

The request was again denied by utilization review on 10/15/12 as additional physical therapy notes provided addressed the shoulder complaints with no specific therapy directed for the lumbar spine.

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

The request for medial branch blocks to the left at L4 and L5 is not recommended as medically necessary based on the clinical documentation provided for review. The patient has been followed for complaints of both left shoulder and low back pain. MRI studies of the lumbar spine did reveal degenerative findings at L3-4 and L4-5 and the patient's physical examination findings do suggest a component of radicular pain which would contraindicate the use of medial branch blocks at this point in time. Additionally, there is no documentation establishing the patient has exhausted a reasonable course of conservative treatment aimed at the low back. The patient's therapy to date has been primarily focused on the patient's left shoulder complaints and there is no documentation regarding exhaustion of physical therapy to the low back. As the clinical documentation provided for review does not meet guideline recommendations for the request, medical necessity is not established, and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**