



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**DATE OF REVIEW:** 8/24/2012

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

Lumbar Medial Branch Blocks at Left L2, L3, L4 and L5

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management physician

#### **REVIEW OUTCOME [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]**

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 or not medical necessity exists for each of the health care services in dispute.

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 8/6/2012
2. Notice of assignment to URA 8/2/2012
3. Confirmation of Receipt of a Request for a Review by an IRO 8/6/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 8/3/2012
6. Letter to IRO 8/6/2012, pre-authorization form, pre-authorization report and notification 6/14/2012, encounter summary 5/24/2012, pre-authorization report and notification 7/9/2012, encounter summary 3/8/2012, imaging documents 12/1/2011, 11/29/2011.

#### **PATIENT CLINICAL HISTORY:**

The patient is a male who injured himself. The patient received an MRI on 11/29/2011 which showed a minimal diffuse annular bulge at L4-5 with no spinal stenosis and no focal disc protrusion seen. On physical examination the patient has 2+ bilateral lower extremity reflexes.



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Seated straight leg raising is positive for left face induced pain. The request for lumbar medial branch blocks at left L2, L3, L4 and L5 has been recommended.

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

Patient has a history of low back pain that radiates into the legs with a positive straight leg and a positive Kemps test. Patient had medial branch blocks February 9, 2012, with 50% pain relief. The official disability guidelines chapter on low back pain under facet injections clearly states only 2 levels should be injected in 1 session and as there was no documentation of positive facet loading, this is also non-certified.

Based on the clinical information that has been provided, the request for lumbar medial branch blocks at left L2, L3, L4, L5 is not recommended and is not medically necessary.

### **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)