

Becket Systems

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-S1 Selective Nerve root block

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

M.D., Board Certified Orthopedic Surgery, 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. The reviewer finds medical necessity does not exist for the proposed L4-S1 Selective Nerve root block.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination letter dated 08/15/12

Preauthorization review 08/14/12

Utilization review determination letter 08/30/12

Preauthorization appeal review 08/29/12

Appeal request 08/17/12

MRI lumbar spine 08/14/12, 09/12/11, and 11/08/07

Office notes Back Institute 08/10/11-08/08/12

Operative report 05/03/12

Behavioral medicine evaluation 02/17/12

Operative report right sided transforaminal selective root block and epidural steroid L5-S1 01/23/12 and 10/31/11

X-rays lumbar spine 08/10/11, 10/16/07, and 09/21/07

Office notes Dr. 08/24/11 and 04/01/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is XX/XX/XX. He was pulling off machine equipment when he experienced immediate onset of low back pain. After failing a course of conservative treatment he had lumbar decompression and instrumented fusion L4-S1. Per progress note dated 08/08/12 the claimant was still having burning dysesthesia going down right side. On physical examination it was noted as unclear whether this is SI joint related

versus not related to fusion. He has L4 paresthesias or hypersensitivity in medial aspect of right calf and has pain that may be SI joint related because it is affected with pressure on right side with single leg stance compared to left, although he does not have significant figure 4 or provocative positive Faber's test. MRI of the lumbar spine on 08/14/12 revealed post-operative changes with prior L4 laminectomy and posterior fusion. A 4.6mm retrolisthesis of L4 on L5 is noted. The posterior disc bulge together with facet joint hypertrophy causes narrowing of the neural foramina. At L5-S1 there is prior L5 laminectomy and posterior fusion. Posterior disc bulge together with facet joint hypertrophy causes some narrowing of the inferior aspect of the neural foramina. A 2.7x1.5cm fluid collection is seen in the posterior paraspinous soft tissue at the level of L4, which may represent post-operative seroma or abscess. Inflammatory change is noted in the posterior soft tissue extending from L2 down to the level of S1.

A request for right L4-S1 selective nerve root block was reviewed on 08/14/12 and adverse determination rendered. The reviewer noted the claimant has not undergone MRI to determine if it is ambiguous or inconclusive. The findings do not specifically identify a radiculopathy in a specific dermatome, particularly in the level requested. As such medical necessity has not been determined. It was noted during peer discussion the request was withdrawn. An appeal request for right L4-S1 selective nerve root block was reviewed on 08/29/12 and adverse determination rendered.

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

Claimant is status post two level lumbar fusion L4-5 and L5-S1 performed 05/03/12. Records indicate that the claimant overall was feeling well until three days prior to 06/27/12 when he rolled in bed and felt a pop. Examination reported mild point tenderness on the right around the S1 screw level otherwise neurologically intact. It was noted that instrumentation and hardware was intact. There does not appear to be any subluxation or loosening. The grafting looks intact on both sides. MRI of the lumbar spine on 08/14/12 revealed post-operative changes at L4-5 and L5-S1 with prior laminectomy and posterior fusion present. Posterior disc bulge and facet joint hypertrophy at both levels causes some narrowing of the neural foramina, but there is no evidence of nerve root compression. There is no clear evidence of lumbosacral radiculopathy in a specific dermatomal distribution that would support the proposed L4-S1 SNRB under the ODG. The reviewer finds medical necessity does not exist for the proposed L4-S1 Selective Nerve root block.

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)