



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 8/07/2013

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Diagnostic Bilateral Median Branch Nerve/Facet Blocks L3-4, L4-5, L5-S1.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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

Document Type	Date(s) - Month/Day/Year
Department of Insurance Notice of Case Assignment	8/18/2013
Utilization Review Determination Letters	4/11/2013-6/14/2013
Pre- Authorization Request	4/08/2013
Clinical Summary	3/27/2013
EMG/ NCV Report	4/02/2013
MRI Report	11/20/2011



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PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who had a work related injury on xx/xx/xx causing him significant low back pain. Patient's chief complaints were: low back pain, weakness, tingling and numbness of the right foot. Physical exam on 3/27/2013 revealed positive limp on ambulation, positive facet pain on facet loading, diminished strength to the right quadriceps at 4-/5 compare to the left, 4+/5 strength of the right hamstring, pain in the right leg and tingling in the right foot. Patient underwent multiple treatments and diagnostic testing including: MRI, X-Ray, EMG and NCV, home exercise program, epidural injection, over the counter medications, Hydrocodone 7.5/325 1 tab qd, Flexeril 10 mg 1 tab qd, physical therapy.

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

Per ODG references the requested "outpatient diagnostic bilateral median Branch nerve/ facet blocks L3-4, L4-5, L5-S1" are not medically necessary. Although patient does exhibit some facet disease problems upon testing and physical exam, ODG would not recommend the role of more than two levels in any one testing. Also patient is exhibiting both subjective and objective findings of radicular pattern of pain, therefore the ODG would not support the facet injections in the presence of active understanding of radiculopathy.

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 KNOWLEDGE BASE
- AHCP- 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