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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 11/20/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of medical branch blocks at L4-ALA.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of medical branch blocks at L4-ALA.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: Office notes 8/25/11 to 10/10/13, and 8/7/12 to 8/28/13 drug test reports.

11/5/13 letter, ODG low back section regarding facet injections, 9/18/13 denial letter, 9/25/13 denial letter, 10/28/10 lumbar MRI report, 12/16/10 DD report, 3/3/11 to 8/31/12 operative reports, 4/4/11 letter, 5/11/11 to 5/9/12 reports, 6/9/11 to 1/12/12 impairment rating reports, 7/25/11 IME report, 10/10/11 report,

10/17/11 report, 11/15/11 to 9/18/12 reports, 1/12/12 to 10/5/12 reports, 2/22/12 report, 2/27/12 to 3/6/12 notes, 4/9/12 to 12/3/12 reports, 5/21/12 evaluation and notes, 6/18/12 script, 10/23/12 neurodiagnostic report, 11/21/12 case management note, 1/8/13 denial letter, 8/27/13 IR report, 9/13/13 preauth request, and various DWC 73 forms.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant reported low back pain on xx/xx/xx. He reports he felt a pop and pain in the back at that time. He has a history of discectomy in the 1990's. He had severe degeneration of L5S1. Following his 10/14/2010 injury an MRI of the lumbar spine showed severe spondylosis at L5S1 and several spinal stenosis. In March of 2011 he had an L4S1 laminectomy with spinal fusion. His pain persisted. The 3/20/12 lumbar x-rays showed no loosening or hardware failure. On 4/4/2011, recommends a repeat MRI as the patient is having bilateral lower extremity radiculopathy and the symptoms are worse. On 11/16/2011 an MRI shows segmental disease with L34 disc herniation above the level of fusion and post op changes at L45 and L5S1 with S1 screw to the right and not in a vertebral body. On 2/24/2012 performs a revision surgery. On 5/1/2012 the claimant is seen and is ambulatory without assistive device and without antalgic gait. A 5/9/2012 note indicates patient is on methadone, Neurontin and Norco. He does not recommend ESI as previous ESI provided no improvement. On 10/23/2012 an EMG shows acute L4 radiculopathy. On 12/3/12 the claimant has a pre surgical screen for SCS and has severe anxiety and depression and 76% on back pain scale. He has SCS trial on 2/11/2013. On 3/4/2013 he decides he does not want the stimulator. On 4/3/2013 he had a caudal ESI. On 5/22/2013 he has a SI joint injection. On 8/29/13 gives him a 10% IR.

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

This claimant has spinal stenosis and has had a spinal fusion. He has radiculopathy on EMG and well as clinically. He is taking multiple narcotics. He does not meet the ODG criteria of medial branch blocks.

ODG low back guidelines: Facet joint diagnostic blocks are still considered "under study." The criteria for the use of diagnostic blocks for facet mediated pain are that the patient should have non-radicular low back pain and not more than two levels should be injected bilaterally. No pain medication should be taken from home for 4 hours prior to block and 4-6 hours afterward. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure. Based on these guidelines, the patient is not a candidate for facet blocks. His pain is radicular, he has had a previous fusion and he takes narcotics for his pain. Therefore it is found to be not medically necessary at this time.

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)