

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar bilateral S1 SNRB

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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. It is the opinion of this reviewer that medical necessity is not established at this time for the requested lumbar bilateral S1 SNRB

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI lumbar spine 09/06/11

Clinical records 02/14/12-06/13/13

Procedure note 03/30/12

Procedure note 08/24/12

Prior reviews 06/20/13 and 07/02/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury in xx/xxxx. The patient had ongoing chronic low back pain with intermittent exacerbations. MRI of the lumbar spine from 09/06/11 demonstrated degenerative disc disease and spondylosis at L4-5 and L5-S1. The patient had two prior selective nerve root injections to the right side on 03/30/12 and 08/24/12. The second after the second injection the patient reported less improvement from the selective nerve root blocks. The patient was considered for a possible further surgical intervention. There was a recommendation for bilateral decompression at L5-S1 to address lower extremity pain. The clinical record on 06/13/13 stated that the patient continued to have lower extremity symptoms in an S1 distribution. Physical examination was limited and did not identify any neurological deficits. The request for bilateral S1 selective nerve root blocks was denied by utilization review on 06/20/13 as there was no indication from the clinical records that the patient obtained at least 50-70% relief for six to eight weeks following the initial or secondary selective nerve root block. The request was again denied by utilization review on 07/02/13 as there was no indication that selective nerve root blocks were beneficial in the long term.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient had a chronic history of low back pain with intermittent exacerbations. No surgery has been performed to date although the patient was considering possible decompression at L5-S1 for the lower extremities. Clinical documentation submitted for review establishes that the patient had limited benefit from selective nerve root blocks. It is unclear for the second series of selective nerve root blocks whether the patient had any pain relief more than 50-70% for six to eight weeks. It appears that the patient had short term pain relief with selective nerve root blocks only and given the persistent degenerative condition it is unlikely that further selective nerve root blocks would result in any significant long term functional improvement. Furthermore the most recent clinical evaluation on 06/13/13 provided no physical examination findings consistent with lumbar radiculopathy that would reasonably support selective nerve root blocks. As the clinical documentation submitted for review does not meet guideline recommendations regarding repetitive selective nerve root blocks for the lumbar spine, it is the opinion of this reviewer that medical necessity is not established at this time for the requested lumbar bilateral S1 SNRB and the prior denials are upheld.

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)