



Notice of Independent Review

**REVIEWER'S REPORT**

**DATE NOTICE SENT TO ALL PARTIES:** 02/19/13

**IRO CASE #:**

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

Texas-licensed M.D., board certified in Neurology, added qualifications in Pain Medicine

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

Facet injection, right and left medial branch block.

**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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
			<i>Prosp.</i>						<i>Overturn</i>

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

1. TDI case assignment.
2. Letters of denial 12/13/12 and 01/17/13, including criteria used in the denial.
3. Treating doctor's progress notes 08/08/12 and 12/05/12.
4. Electrodiagnostic evaluation 08/14/12.
5. MRI lumbar spine, plain 12/09/11.
6. TDI, Title 28.

**PATIENT CLINICAL HISTORY (SUMMARY):**

This claimant sustained a work-related injury on xx/xx/xx. Presentation is that of low back pain as well as radicular symptoms. EMG study was apparently negative for radiculopathy, though MRI scan did show spondylosis at multiple levels including neural foraminal narrowing as well as facet joint hypertrophy. Diagnostic lumbar facet medial branch blocks were recommended for further evaluation regarding a component of the claimant's back pain symptoms. Treating doctor's notes indicated the desire for further diagnostics with medial branch blocks at the L4/L5 and L5/S1 levels bilaterally. This is documented in a progress note dated 12/05/12 under the "Plan" section. The request was first denied on report dated 12/13/12 in which the reviewer agrees that the presentation would support medial branch blocks and that the reviewer would, indeed, approve these blocks at the L4/L5 and L5/S1 levels but indicates that these specific levels were not specified on the original request. Second denial report is dated 01/17/13 where the reviewer indicates non-certification due to the radicular presentation.

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

Limited office notes by the treating physician are available for review. However, it is clear to this reviewer that the treating physician clearly asked for approval for medial branch blocks at the L4/L5 and L5/S1 bilaterally. The request was denied by the first reviewer based on reasoning that the levels were not specified. It appears to this reviewer that the

levels were clearly specified and that the original/initial reviewer would, therefore, have approved the request. Therefore, I do believe that the request should be authorized as reasonable.

**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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)