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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Jan/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral L3-L5 MBB with Fluoroscopy

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] 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 <u>each</u> health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Functional capacity evaluation dated 12/29/10
MRI lumbar spine dated 06/24/11
Clinical notes dated 09/15/11, 09/23/11, 10/18/11, 11/18/11, 12/20/11, 01/23/12, 02/27/12, 05/29/12, 06/08/12, 06/26/12, 07/27/12, 09/26/12, 11/20/12, and 11/30/12
Therapy notes dated 06/16/11, 06/30/11, 07/28/11, and 08/25/11
Previous utilization reviews dated 01/02/13 and 01/14/13

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who reported an injury regarding his low back. The functional capacity evaluation dated 12/29/10 details the patient demonstrating range of motion deficits throughout the lumbar spine to include 50 degrees of lumbar flexion, 13 degrees of extension, 20 degrees of left flexion, 4 degrees of right flexion, 37 degrees of left rotation, and 60 degrees of right rotation. The patient was able to perform at a heavy to very heavy

physical demand level at that time. The MRI of the lumbar spine dated 06/24/11 revealed disc protrusions at every level, most prominently at L2-3. The clinical note dated 09/15/11 details the patient complaining of low back pain. The patient stated that the initial injury occurred when he slipped and fell on a piece of metal that was covering a drain. The note does detail the patient utilizing Norco and Flexeril for ongoing pain relief. Upon exam, the patient demonstrated abnormal flexion and extension in the lumbar region. Decreased sensation was noted at the lateral aspect of the right thigh. The clinical note dated 09/23/11 details the patient continuing with low back pain. Muscle spasms were noted throughout the low back. Pain was noted to be radiating to the right buttocks. The clinical note dated 12/20/11 details the patient complaining of numbness in the right lower extremity over the knee. The clinical note dated 01/23/12 details the patient rating his low back pain as 3/10. Tenderness to palpation was noted at the spinous processes in the lumbar region. The clinical note dated 06/26/12 details the patient rating his low back pain as 4/10. Tenderness to palpation at the spinous processes continued. The clinical note dated 09/26/12 indicated that the patient's lumbar region pain was noted to be intermittent. The patient rated the pain as 5/10 at that time. The clinical note dated 11/20/12 details the patient rating his low back pain as 4/10. Sensation and reflexes were noted to be normal. No strength deficits were noted. Range of motion deficits continued in the lumbar region. The clinical note dated 11/30/12 details the patient complaining of radiating pain to both buttocks. The pain is noted to be intermittent. The patient was also noted to have an absent ankle reflex bilaterally. The therapy note dated 08/25/11 does detail the patient having undergone 4 sessions of physical therapy.

The previous utilization review dated 01/02/13 resulted in a denial for L3-5 medial branch blocks secondary to a lack of information regarding the patient's completion of all conservative treatments. The denial was also due to the patient having significant clinical findings involving decreased sensation in the distal extremities and radiating pain to the buttocks.

The utilization review dated 01/14/13 resulted in a denial for medial branch blocks at L3-5 secondary to a lack of completion of all conservative measures as well as subjective complaints of radicular symptoms.

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

The request for bilateral L3-5 medial branch block with fluoroscopy is not supported. The documentation submitted for review elaborates the patient complaining of ongoing low back pain with associated radiation of pain into the buttocks. The Official Disability Guidelines recommend a medial branch block in the lumbar spine provided the patient meets specific criteria to include completion of all conservative measures as well as no noted radicular component. The documentation does detail the patient having specific complaints of radiating pain into the right buttocks. Additionally, the patient is noted to have a radiculopathy component with diminished reflexes in the lower extremities as well. Furthermore, the patient is noted to have completed 4 physical therapy sessions to date; however, there is a lack of information regarding the patient's completion of all conservative measures to include a full course of physical therapy related to the low back complaints. Given the lack of information regarding the patient's completion of all conservative measure and taking into account the significant clinical findings involving the patient's radicular pain, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES