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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Medial Branch Block L3, L4, L5, S1 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:

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 08/28/11
X-ray of the lumbar spine dated 10/07/11
X-ray of the right ankle dated 10/07/11
Inclinometry reports dated 02/23/12 and 04/02/11
MRI lumbar spine dated 02/27/12
MRI of the right ankle and hindfoot dated 02/27/12
MRI of the left ankle dated 02/27/12
Clinical notes dated 04/11/12 - 12/11/12
Electrodiagnostic studies dated 08/13/12
Operative report dated 09/20/12
Therapy notes dated 04/19/12 – 12/04/12
Chiropractic therapy notes dated 08/16/11 – 05/23/12
Previous utilization review dated 03/05/12 – 01/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back and both ankles. Per clinical note dated xx/xx/xx, the patient complained of a lower extremity sprain, specifically at both ankles. The inclinometry report dated 02/23/12 details the patient being able to demonstrate 44 degrees of lumbar flexion, 5 degrees of extension, 9 degrees of left lateral flexion, and 8 degrees of right lateral flexion. The MRI of the lumbar spine dated 02/27/12 revealed severe right neural foraminal narrowing at L5-S1 with moderate left neural foraminal

narrowing secondary to severe facet disease and a disc bulge. Facet disease with a disc bulge was also noted at L4-5. Borderline canal stenosis was noted at L3-4 secondary to facet disease and a slight listhesis. Mild neural foraminal narrowing was noted. The inclinometry report dated 04/02/12 details the patient demonstrating range of motion improvements in the lumbar spine. The patient was able to demonstrate 39 degrees of lumbar flexion, 14 degrees of extension, 21 degrees of left lateral flexion and 25 degrees of right lateral flexion. The clinical note dated 04/11/12 details the patient stating that the initial injury occurred when he jumped onto a concrete area and fell. The patient noted immediate pain and swelling over the posterior medial malleolar structures in the right and left ankle. The clinical note dated 05/16/12 details the patient rating his low back pain as 8/10. The patient did state that he had injured his low back while jumping out of a mobile home. Clinical note dated 06/07/12 revealed tenderness to palpation over the paraspinal musculature from L4 to S1 on the left. Clinical note dated 07/16/12 detailed the patient undergoing an injection which provided 80% relief of pain for approximately three days. Clinical note dated 07/19/12 detailed the patient continuing with low back pain that he described as a stabbing radiating shooting electric shock sensation. The patient rated the pain as 9/10. Pain was noted with left and right side bending and facet loading on both sides. The patient had positive straight leg raise with the bilateral lower extremities. Electrodiagnostic studies dated 08/13/12 revealed bilateral tarsal tunnel syndrome with a bilateral L5 nerve root irritation. Clinical note dated 11/08/12 detailed the patient utilizing Motrin and oxycodone for ongoing pain relief. The patient had no significant radiculopathy component as the patient demonstrated 5/5 strength in the bilateral lower extremities. No sensation was noted to be normal throughout the bilateral lower extremities. Reflex deficits were noted. Clinical note dated 11/14/12 detailed the patient stating that his radicular pain was much better. Increased pain was noted with extension of the low back. Clinical note dated 12/11/12 detailed the patient undergoing facet injections at L3-4, L4-5, and L5-S1. The patient reported near complete relief of pain.

The previous utilization review dated 01/04/13 for a bilateral medial branch block at L3, L4, L5, and S1 with fluoroscopy was denied secondary to a lack of a need for a confirmatory medial branch block as well as the specific request for three level exceeding guideline recommendations.

Utilization review dated 01/16/13 resulted in a denial for services including a medial branch block at L3 and L4 and L5 and S1 as the three level request exceeds guideline recommendations.

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

The clinical documentation details the patient complaining of ongoing low back pain. Official Disability Guidelines recommend a medial branch block provided that the patient meets specific criteria, including low back pain that is non-radiating and completion of all conservative measures and the proposed procedure is for no more than two levels. The specific request is for a bilateral medial branch block at L3 and L4 and L5 and S1 with fluoroscopy. The 3-level request exceeds guideline recommendations. Given the specific request for a three level procedure, this request does not meet guideline recommendations. Therefore, it is the opinion of the reviewer that the request is non-certified as medically necessary.

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)