

# Pure Resolutions LLC

An Independent Review Organization  
990 Hwy 287 N. Ste. 106 PMB 133  
Mansfield, TX 76063  
Phone: (817) 405-0870  
Fax: (512) 597-0650  
Email: manager@pureresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Feb/12/2013

**IRO CASE #:**

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

Cluneal nerve block under ultrasound guidance

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

PM&R 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)

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

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI lumbar spine dated 04/16/07  
Pain consultant report by Dr. dated 07/20/11  
Follow-up clinical notes by Dr dated 08/31/11 – 09/21/11  
Clinical reports from dated 12/14/11 – 01/19/12  
Operative report dated 03/09/12  
Clinical report by Dr. dated 04/17/12 – 05/16/12  
Clinical reports from Pain Center dated 06/13/12 – 11/30/12  
Prior reviews dated 12/14/12 and 01/11/13  
Report from, PC dated 01/30/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is male who has been followed for ongoing and long-term chronic low back pain. The patient does have a pain pump placed and clinical notes from xxxx by Dr. indicated that the patient had persistent low back pain despite the use of the IDDS. The patient underwent interval pump refills through 12/11. Clinical evaluation on 01/19/12 indicated that the patient had persistent low back pain that was reduced to 6/10 on the VAS scale with medications. Physical examination revealed tenderness to palpation over the iliac crest. The patient was recommended for a cuneal nerve block at the site of the prior bone graft. This was performed on 03/09/12. The patient underwent routine pain pump refills on 04/17/12. Clinical evaluation by Dr. on 05/16/12 indicated that the patient had 100% relief of right lower back pain following the cuneal nerve block in 03/12. As of 05/16/12, the patient reported that his pain had returned by 20%; however, he did feel that he was maintaining an active lifestyle and pain was reduced to 4/10 on the VAS scale. A pump refill was performed at this visit. The patient continued to have routine pain pump refills through 09/12. The patient was

recommended for repeat cluneal nerve blocks which were performed on 09/10/12. Routine pump refills were completed in October and November of 2012. The request for a repeat cluneal nerve block was denied by utilization review on 12/14/12 as there was no objective finding regarding the need for a cluneal nerve block. The request was again denied by utilization review on 01/11/13 as it was unclear that the continued performance of sensory nerve or inner muscular blocks were required on a quarterly basis or that the performance of these routine blocks resulted in clinically significant functional improvement.

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

From the clinical documentation provided for review, the patient has intractable chronic pain secondary to failed back surgery syndrome. Clinical documentation established that the patient has had ongoing pain pump refills with moderate efficacy. The initial cluneal nerve block performed in 03/12 provided 100% pain relief for approximately two months. A repeat cluneal nerve block from 09/12 is reported to have had similar efficacy; however, this was not explicitly documented in clinical notes provided for review. It is unclear to what functional and it is unclear to what extent the cluneal nerve blocks have provided functional improvement for this patient and in lieu of the continued use of the pain pump, it is unclear how ongoing cluneal nerve blocks will really result in permanent functional improvement. Given the lack of clinical documentation regarding clinical efficacy of cluneal nerve blocks to date, it is the opinion of this reviewer that medical necessity for the request is not established at this time prior and is not established 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)