

Independent Reviewers of Texas
4100 West Eldorado Pkwy #100-373
McKinney TX 75070
independentreviewersoftexas@hotmail.com
Phone: 469-218-1010
Fax#: 469-374-5862

Notice of Independent Review Decision

[Date notice sent to all parties]:

02/15/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

selective nerve root block, right L5-S1 with sedation

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

Board Certified Orthopedic Surgery

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRI of the lumbar spine dated 08/06/12
Clinical notes dated 08/09/12 – 12/10/12
CT scan of the lumbar spine dated 09/10/12
Previous utilization reviews dated 12/17/12 and 01/17/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury regarding his low back. The MRI of the lumbar spine dated xx/xx/xx revealed a 5 mm broad-based posterior disc protrusion at L5-S1 without significant central spinal stenosis or foraminal stenosis. A probable subtle annular tear was noted on the left lateral L4-5 disc margin. Disc desiccation was noted from L3-S1, greatest at L5-S1. A lesion was also noted on the right L2 pedicle. No stenosis or nerve root impingement was noted. The clinical note dated 08/09/12 details the patient complaining of lumbar region pain. The patient also had complaints of right shoulder pain. The patient stated that the initial injury occurred when he was fixing and machine and performing overhead activities for greater than 30 minutes. The patient noted an increase in pain over the next few days. Upon exam, lower extremity strength and reflexes were symmetrical. Sensation was noted to be intact at that time. The patient described his low back pain as being uncomfortable. The CT scan of the lumbar spine dated 09/10/12 revealed an abnormality noted on the right at the L2 vertebral body. Mild central canal stenosis was noted at L5-S1 related to a 5-6 mm broad-based posterior disc protrusion. Moderate narrowing was noted at the left neural foramen. Borderline central canal narrowing was also noted at L4-5 related to a 3-4 mm diffuse annular bulge. Degenerative facet changes were also noted. An annular bulge was also noted at L3-4. Per clinical note dated 09/27/12, the patient was able to demonstrate 50% of normal lumbar flexion and extension. No strength deficits or reflex changes were noted in the lower extremities. The patient demonstrated normal straight leg raises bilaterally with no issues. Per clinical note dated 12/10/12, the continued with low back pain. A burning sensation was noted at the anterior thigh. Upon exam, the patient demonstrated 5-/5 strength at the left quadriceps and the left tibialis anterior.

The previous utilization review dated 12/17/12 resulted in a denial for a L5-S1 selective nerve root block with sedation secondary to a lack of imaging studies confirming the patient's neurocompressive findings and a lack of signs and symptoms of radiculopathy.

The previous utilization review dated 01/17/13 also resulted in a denial for a selective nerve root block at L5-S1 secondary to a lack of diagnostic studies indicating neurocompressive findings, a lack of significant findings indicating radiculopathy, and a lack of information regarding the patient's completion of conservative therapy.

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

The request for a selective nerve root block on the right at L5-S1 with sedation is not supported as medically necessary. The documentation submitted for review elaborates the patient complaining of low back pain. The Official Disability Guidelines recommend a selective nerve root block in the lumbar region provided

the patient meets specific criteria to include significant clinical findings indicating a radiculopathy component, imaging studies confirming the patient's neurocompressive findings, and completion of a full course of conservative therapy. There is a lack of information regarding the patient's neurocompressive findings confirmed by imaging studies. Additionally, there is a lack of information regarding the patient's significant clinical findings indicating a radiculopathy component in the appropriate distributions. Furthermore, there is a lack of information regarding the patient's previous completion of conservative therapy. Given this lack of information, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support the request at this time.

IRO REVIEWER REPORT TEMPLATE -WC

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Low Back Chapter:

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
- 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;

5) To help to identify the origin of pain in patients who have had previous spinal surgery.