

Notice of Independent Review Decision

DATE OF REVIEW: 06/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medial branch block facet L3-4, L4-5 left

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

The TMF physician reviewer is a board certified orthopedic surgeon with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the medial branch block facet L3-4, L4-5 left is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 06/17/13
- Decision letter – 05/21/13, 06/06/13
- Letter for reconsideration – 05/28/13
- Office visit notes – 03/12/12 to 05/08/13
- Operative Note – 02/22/13
- Report of MRI of the lumbar spine – 03/09/10, 09/27/12

- Electro-Diagnostic Interpretation – 05/17/10
- Pre-Authorization Request Form – no date

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male with a history of muscular straining injury to the lumbar spine after lifting on xx/xx/xx. He complains of low back pain and left leg pain with tingling. He suffers interference with gait and utilizes a cane for ambulation assistance. He suffers diminished range of motion of the lumbar spine and EHL weakness on the left is reported. The patient has a past history of a lumbar laminectomy at L4-L5. His diagnoses include degenerative disc disease with disc displacement and failed lumbar back syndrome. He has received epidural steroid injections. The patient has been treated with medication, physical therapy, activity modification and local injections. There is a current request for the patient to undergo medial branch block/facet injections at L3-L4, L4-L5 and SLR is negative bilaterally.

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

A medial branch block injection is recommended only as a diagnostic procedure when anticipating a neurectomy if symptoms are adequately relieved. The provider has not made it clear in the medical record that the diagnostic intention is clear. There is a suggestion that the medial block/facet joint injections are being considered for therapeutic purposes. Therefore, it is determined that the medial branch block facet L3-4, L4-5 left is not medically necessary to treat this patient's condition.

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 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)