



Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 07/03/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Neurology, added qualifications in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral medial branch blocks, S4-S5.

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2	64493		Prosp.		03/25/13		Xx/xx/xx		Upheld
724.2	64493		Prosp.		05/30/13		Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letter of denial 03/25/13 & 05/30/13, including criteria used in the denial; and, UR worksheet 03/20/13, peer review report 05/22/13.
3. Treating doctor's initial consultation 12/17/12.
4. Chiropractic consultation 11/20/12, and follow up 02/18, 03/08, 03/15 & 04/19/13.
5. Procedure note 02/04/13, and pain management follow up reports 02/25, 03/18, 04/15 & 05/13/13.
6. Designated doctor exam 08/20/12.
7. Reconsideration request 03/25/13.

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant sustained a work-related injury on xx/xx/xx when she had a fall at work. There had been pain described in the lower back and buttocks, as well as down the lower extremities. Etiologies that had been considered include coccydynia, as well as lumbar facet syndrome. She has been treated with epidural steroid injection, as well as lumbar facet blocks. The latter procedure did result in "complete pain relief" for at least a couple of days. However, it was then determined that the lumbar spine was not "included" in this Workers' Compensation claim. Conservative treatment, including medication and physical therapy has also apparently been tried. It is not clear to this reviewer whether there has been imaging evidence of coccyx fracture or dislocation. Since the carrier isolated the coccyx as the only area that would be covered by this claim, a request has been submitted by the requesting physician for S4 and S5 bilateral medial branch blocks. This request has been denied by other reviewers due to a lack of sufficient documentation regarding physical therapy trial and outcomes.

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

Although I agree with previous reviewers that there is a lack of clear documentation as to physical therapy outcomes, of greater influence is the fact that approaches toward diagnosing and treating coccydynia do not include "medial branch blocks" as part of standard of care. This approach would be considered investigational at this point in time, and is not established as a routine procedure for treatment of this particular 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

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- DWC-Division of Workers' Compensation Policies or Guidelines
- European Guidelines for Management of Chronic Low Back Pain
- Interqual Criteria
- Medical judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)