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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left lumbar spine medial branch block, levels L4-5 and S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O. Board Certified Orthopedic Surgery

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. It is the opinion of the reviewer that the request for left lumbar spine medial branch block, levels L4-5 and S1 is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
cUtilization review determination dated 04/11/13, 04/23/13
Phone note dated 04/24/13
Periodic outcomes evaluation dated 04/2013
Office visit dated 04/01/13, 03/11/13, 08/27/12
Operative report dated 06/26/12, 03/21/12
Appeal/reconsideration acknowledgement letter dated 04/17/13
Notice of IRO decision dated 01/22/09
Follow up note dated 07/16/12, 06/25/12, 04/30/12, 04/02/12, 02/27/12, 04/11/11
Radiographic report dated 07/16/12, 10/31/08
Lumbar discogram dated 10/31/08
CT pelvis dated 03/25/13, 04/25/12
MRI lumbar spine dated 04/22/10
CT lumbar spine dated 10/31/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The patient is noted to be status post L5-S1 left hemilaminectomy done in April of 2009. CT lumbar spine dated 10/31/08 revealed at L4-5 moderate bilateral facet hypertrophy. There is no evidence of annular tear. At L5-S1 there is a grade 4 annular tear resulting in diffuse disc bulge. There is no epidural extravasation of contrast material. Disc bulge and facet hypertrophy result in mild/moderate right neural foraminal narrowing. MRI of the lumbar spine dated 04/22/10 revealed at L4-5 there is mild 2-3 mm diffuse annular disc bulge. There is no central spinal stenosis. Mild ligamentum flavum hypertrophy and minimal degenerative facet hypertrophy is noted. At L5-

S1 there is mild 2 mm diffuse annular disc bulge, slightly asymmetric to the right. Significant right foraminal stenosis and lateral recess narrowing are demonstrated. Minimal degenerative facet hypertrophy I suggested. The patient underwent SI joint injection on 03/21/12. Note dated 04/02/12 indicates that the patient did get relief from the injection, but he is back to pre-injection pain. The patient subsequently underwent SI bone fusion on 06/26/12. Note dated 03/11/13 indicates that the patient has undergone multiple injections and rhizotomies. Office visit note dated 04/01/13 indicates that they would like to repeat the facet joint medial branch blocks at L4-5 and S1. On physical examination paravertebral muscles are tender on the left. Lumbar range of motion is painful and restricted in flexion and extension. Straight leg raising is normal bilaterally.

Initial request for left lumbar spine medial branch block, levels L4-5 and S1 was non-certified on 04/11/13 noting that the provided records do not document that injections of this type were administered in the past and gave any benefit. Further, the patient reportedly has radicular complaints and facet injections are not recommended in the face of that type of symptom. The denial was upheld on appeal dated 04/23/13 noting that additional records were not provided for review. Official Disability Guidelines indicates facet joint injections are for facet-mediated pain. The claimant has no positive facet loading signs on physical examination and has a history of radiation of pain into the lower extremities. Official Disability Guidelines would only support one set of medial branch blocks. The claimant has previously undergone medial branch blocks. The records do not reflect lower levels of care, such as a home exercise program, physical therapy or the use of non-steroidal anti-inflammatories for at least four to six weeks prior to this procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient has reportedly undergone multiple injections and rhizotomies; however, there is no further information provided regarding these procedures. The dates and levels of the procedures are not documented, and the patient's objective, functional response to treatment is unknown. The Official Disability Guidelines note that one set of medial branch blocks are supported and repeat procedures are not recommended. The patient's physical examination fails to establish the presence of facet joint pathology. As such, it is the opinion of the reviewer that the request for left lumbar spine medial branch block, levels L4-5 and S1 is not recommended 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)