



MedHealth Review, Inc.

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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 5/19/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left L4/5 and L5/S1 left medial branch block injection with IV sedation.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a left L4/5 and L5/S1 left medial branch block injection with IV sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 3/27/13 script for orders) office visit notes 3/20/13, and a periodic outcomes evaluation form 3/20/13, handwritten note dated 5/10

(not apparently signed), 11/27/12 CT and MRI reports from Hospital of lumbar spine, 11/28/12 to 2/1/13 handwritten notes by a PA-C, 12/26/12 by PA-C, 12/26/12 notes by, PA, 12/25/12 report by LVN, 12/19/12 typewritten report by PA-C, 12/19/12 unsigned handwritten progress note, 12/19/12 PT script, 11/27/12 report by RN, 11/27/12 report by PA, and a lumbar MRI script.

: various DWC 73 forms, 11/27/12 lab report, 12/6/06 job analysis, 10/4/10 job analysis, 4/10/13 denial letter, and 4/23/13 denial letter.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The female was injured while engaged in bending over activities. She has had persistent lumbar pain for months despite PT and medications, as noted on the 3/20/13 dated AP report. Exam findings reveal paravertebral tenderness, painful and decreased lumbar motion, along with a normal neurologic exam. A lumbar MRI dated 1/31/13 was noted to reveal disk bulges at L4-5 and at L5-S1. An 11/27/12 dated CT of the lumbar spine was read as “negative.”

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

The claimant has persistent back pain with objective findings reasonably compatible with facet-mediated pain. The most recent visit to the treating provider is that there are considerations for medial branch blocks to determine if such injection(s) “addresses her pain.” Therefore, the injection(s) with IV sedation are being considered for diagnostic purposes/in order to further assess the diagnosis and are both reasonable and medically necessary, as per guideline criteria.

Reference: ODG Lumbar Spine; Facet Joint Pain, Signs and Symptoms
Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):

- (1) Tenderness to palpation in the paravertebral areas (over the facet region);
- (2) A normal sensory examination;
- (3) Absence of radicular findings, although pain may radiate below the knee;
- (4) Normal straight leg raising exam.

Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

Facet Joint Medial Branch Blocks (Therapeutic Injections)

Not recommended except as a diagnostic tool with minimal evidence for treatment.

Therefore, since the requested procedure is being used diagnostically as per the ODG, it is found to be medically necessary at this time.

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)