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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective nerve root block to the right at L5-S1

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

Anesthesiologist
Pain Medicine

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
CT study of the lumbar spine dated 06/21/13
Clinical report dated 09/18/13
Letter of reconsideration dated 10/03/13
Prior reviews dated 09/26/13 & 10/11/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. The patient developed complaints of low back pain. Per the CT studies of the lumbar spine completed on 06/21/13, there were postoperative changes noted from L3 to S1 consistent with prior a lumbar laminectomy, discectomy, and interbody fusion. No neurocompressive findings were noted throughout the study. The clinical report on 09/18/13 indicated that the patient continued to have pain in the low back with cramping in the lower extremities with associated numbness in an L5 and S1 dermatome. The patient was felt not to be a surgical candidate on consultation and the patient was recommended for a selective nerve root block to the right at L5-S1 to determine pain generators. The patient was utilizing anti-inflammatories as well as Norco for pain control. Physical examination did demonstrate disc sensory decrease in an L5 and S1 dermatome to the right. There was a slightly decreased Achilles reflex more significant to the right. Per the appeal letter on 10/03/13, the patient continued to demonstrate objective findings of a persistent right L5-S1 radiculopathy with associated weakness. The patient was again recommended for a selective nerve root block to the right at L5-S1 to determine

whether there was a pain generator at this level.

The requested selective nerve root block to the right at L5-S1 was denied by utilization review on 09/26/13 as there was no documentation regarding conservative treatment.

The request was again denied by utilization review on 10/11/13 as there were no significant findings on MRI to support the request.

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

The patient has had persistent radicular symptoms in the right lower extremity despite the use of multiple medications including anti-inflammatories as well as narcotic medications and muscle relaxers. Imaging did show multi-level postoperative changes from L3 through S1 with no clear nerve root compression identified. The patient did present with right lower extremity weakness and sensory loss in an L5-S1 dermatomal distribution. Per current evidence based guidelines, patients are recommended to have clear unequivocal evidence regarding lumbar radiculopathy to support epidural steroid injections. In this case, this reviewer does feel that the patient is an outlier to guideline recommendations. He continues to have clear radicular complaints in an L5-S1 dermatome that has not responded to conservative treatment to include multiple medications. Although imaging studies did not show clear nerve root compression, there are extensive surgical changes noted that may be obscuring nerve root compression at this level. At this point in time, given that surgery is not an indication for this patient and the patient continues to be symptomatic, this reviewer would recommend the proposed selective nerve root block to the right at L5-S1 as medically necessary in order to establish a pain generator for this patient and allow for a delineation of further treatment. As such, the prior denials are overturned in this case.

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