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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left medial branch block at S1/2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and 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. It is this reviewer's opinion that medical necessity is not established for left medial branch block at S1/2 at this time

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Physical therapy report dated 07/25/12
MRI of the right shoulder dated 01/31/13
MRI of the lumbar spine dated 01/31/13
Urinary drug testing preliminary report dated 08/14/13
Toxicology report dated 08/19/13
Procedure report dated 06/27/13
Operative reports dated 08/10/12 & 08/17/12
Clinical reports dated 08/07/12 – 01/04/13
Clinical report dated 02/11/13
Clinical reports dated 12/21/12 – 08/19/13
Prior reviews dated 08/08/13 & 08/28/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx when he fell. The patient sustained multiple injuries to the right shoulder, left lower extremity, and the abdomen. The patient is noted to have undergone prior epigastric hernia repairs and ventral hernia repairs in August of 2012. MRI studies of the lumbar spine completed in January of 2013 did show facet arthropathy at L4-5 with a broad central disc protrusion at L5-S1. The patient continued to report ongoing low back pain as well as right shoulder pain through February of 2013. The patient's pain management reports begin in December of 2012 and indicated the patient was utilizing Lyrica and Hydrocodone with minimal benefit. Recent urinary toxicology reports showed inconsistent findings for amphetamines and narcotics. The clinical report from 06/21/13 indicated the patient was having complaints of left hip tenderness. Physical examination did show positive sacroiliac findings to include sacroiliac joint tenderness and positive Fabre's signs. The patient did have an injection at the trochanteric bursa performed in June of 2013. Follow up on 07/19/13 stated the patient had some improvements with the trochanteric bursal injection. It does

appear that the patient had medial branch blocks without improvement in symptoms; however, no procedure reports regarding medial branch blocks were available for review. The patient continued to demonstrate a positive Fabre's sign with pain over the left sacroiliac joint on 07/19/13. Follow up on 08/19/13 had no pertinent findings on physical examination. At this visit, facet injections at L4-5 and L5-S1 versus medial branch blocks were recommended.

The requested S1 and S2 medial branch blocks were denied by utilization review on 08/08/13 as it was unclear why repeat S1 and S2 medial branch blocks were being performed when additional injections were not beneficial. There was also no documentation regarding a recent regimen of physical therapy.

The request was again denied by utilization review on 08/28/13 as there was still no documentation regarding recent physical therapy and no evidence of facet mediated pain at S1-2.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for multiple complaints to include low back pain and right shoulder pain. The patient's most recent pain management reports reported pain over the left sacroiliac joint with positive Fabre's signs indicating sacroiliac joint dysfunction. The patient is noted to have had some response to trochanteric bursal injections to the left side in June of 2013. The clinical documentation did not provide further information regarding any recent physical therapy addressing the low back or sacroiliac joint. The last physical therapy documented for this patient was in July of 2012. The clinical documentation did not further clarify the response to previous medial branch blocks. Given that no procedure reports were provided for review documenting when medial branch blocks at S1-2 were done and as the clinical documentation reported no benefit from prior medial branch blocks, current evidence based guidelines would not support additional medial branch blocks at the same levels. The patient's most recent physical examination also did not contain any objective findings regarding facet mediated pain at the S1-2 level that would reasonably benefit from medial branch blocks. Furthermore, the clinical documentation does not establish that a primary sacroiliac joint injection has been performed to date which would be considered standard of care for the patient's reported symptoms. As the clinical documentation provided for review does not meet guideline recommendations for the requested service, it is this reviewer's opinion that medical necessity is not established for left medial branch block at S1/2 at this time and the prior denials are upheld.

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)