



Medwork Independent Review

5840 Arndt Rd., Ste #2
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

DATE OF REVIEW: 9/4/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical branch nerve block levels L4, L5, and S1.

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

Texas State Licensed MD Board Certified Anesthesiologist and Pain Management Physician.

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Dept of Insurance Assignment to Medwork 8/16/2013,
2. Notice of assignment to URA 8/14/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 8/16/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 8/15/2013

Letter to IRO regarding carrier submission 8/20/2013, notification of reconsideration adverse determination 7/22/2013, report of medical evaluation 6/20/2013, medical notes 6/20/2013, notification of adverse determination 6/18/2013, medical notes (20 pages), medical notes (26 pages), physical therapy re-evaluation notes 4/30/2013, 4/29/2013, letter 3/20/2013, letter 3/1/2013, radiology report 3/1/2013, physical therapy re-evaluation 2/1/2013, letter 12/20/2012, medical notes 12/4/2012, medical notes for anesthesia 12/4/2012, letter 11/30/2012, 10/29/2012, 10/12/2012, 8/23/2012, 5/25/2012, 5/8/2012, 4/27/2012, 4/12/2012, 3/30/2012, 3/2/2012, letter 2/21/2012, letter 1/30/2012, 12/27/2011, 12/6/2011, 10/10/2011, 8/18/2011, 7/29/2011, 7/18/2011, visit summary 6/23/2011, transport medical records, physical exams record, medical notes 6/23/2011, clinical results 6/23/2011.



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PATIENT CLINICAL HISTORY:

The patient is a female who sustained a work-related accident on xx/xx/xx. Patient sustained liver laceration and a burst fracture at L4 vertebral level. Subsequent to the accident, on 06/27/2011, the patient underwent a decompressive lumbar laminectomy levels L4 and L5 with instrumentation and fusion from L2 level through the sacrum. Due to continued low back pain complaints, the patient underwent re-exploration of instrumentation with removal of S1 pedicle screws on February 21, 2012. The patient continued with severe chronic low back pain of which following diagnostic testing underwent a third lumbar spinal procedure on 12/04/2012, anterior lumbar fusion L3-4 through L5-S1 levels for a diagnosis of lumbar instability (pseudarthrosis) L3-4 through L5-S1 levels. Documentation submitted indicates recent clinical examination revealing diminished range of motion, reflex, and extension. Current medication management consists of neuropathic agent, muscle relaxant, long-acting opioid.

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

After review of the information submitted, the previous non authorization for lumbar medial branch nerve blocks levels L4, L5, and S1 has been upheld. The treating physician, requesting provider has not determined a medical necessity for the request. ODG guidelines did not recommend medial branch nerve blocks to be used as diagnostic tools in regions of the spine that have undergone fusion. There is documentation patient has had previous fusion as stated above in the brief summary L3-4 through L5-S1 levels performed 12/04/2012. It should be expected that there is no significant motion at the fused levels that would provide pain related to the lumbar facet joints. Therefore, the lumbar facet joint would not be a significant consideration as a component of ongoing axial low back pain at those levels. The denial of these services is upheld.



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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)