



**Notice of Independent Review Decision - WC**

**DATE OF REVIEW:**

04/01/14

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

OP Selective Nerve Root Block at L3-L4 64483 77003

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

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

OP Selective Nerve Root Block at L3-L4 64483 77003 – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the lumbar spine dated 09/11/12 showed moderate bilateral neural foraminal stenosis at L4-L5 due to a small disc bulge and facet hypertrophy and mild right neural foraminal stenosis at L3-L4 secondary to a small right foraminal disc protrusion. The patient complained of 60% back pain and 40% right leg pain. He was having right paraspinal pain radiating into the right buttock and the right posterior thigh and calf. His back pain was constant and his leg pain was

intermittent. A selective nerve root block at L3-L4 on the right was recommended to help determine the claimant's pain generator.

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

As noted in prior review, the requested block was for diagnostic purposes and currently the patient has positive subjective complaints and objective physical examination findings that correlate with the MRI noting the L3-L4 foraminal disc herniation impinges on the L4 nerve. The patient had a previous epidural steroid injection that the medical records indicate was not of significant benefit to the point it would support a repeat epidural steroid injection for treatment within the Official Disability Guidelines recommendations. Therefore, the request is not medically necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**