

# Becket Systems

An Independent Review Organization  
815-A Brazos St #499  
Austin, TX 78701  
Phone: (512) 553-0360  
Fax: (207) 470-1075  
Email: manager@becketsystems.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/14/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** O/P ASC lumbar MBB L3,L4,L5

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., Board Certified Anesthesiology

**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 for O/P ASC lumbar MBB L3,L4,L5 is not established

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell at work. The patient initially complained of right knee pain as well as mid lower back pain and pain in the upper extremities. Initial treatment did include the use of muscle relaxers and narcotics for pain control. The patient was noted to be taking Keppra as well. Anti-inflammatories were also prescribed with no long term benefit. The patient was referred to physical therapy in September of 2013. reports did note that the patient had lower extremity symptoms with associated paresthesia and tingling. MRI studies of the lumbar spine from 10/15/13 noted some facet arthropathy without evidence of any neurological compromise. The patient was trialed on Gabapentin for lower extremity complaints. Overall, the patient did not improve with conservative treatment and was referred which saw the patient on 12/16/13. The patient described continuing complaints of low back pain radiating to the lower extremities bilaterally. The initial physical examination noted tenderness to palpation in the gluteal muscles. There were paravertebral muscular spasms identified as well as tenderness in the lumbar midline. Decreased range of motion was noted. The patient was started on Klonopin and Tramadol for pain and epidural steroid injections were recommended. recommended electrodiagnostic studies in January of 2014. The follow up report on 01/23/14 did not specify what the EMG findings were. The patient continued to complain of low back pain radiating to the lower extremities. On physical examination, there were continued paravertebral muscle spasms with loss of lumbar range of motion and tenderness in the lumbar midline. There was noted tenderness over the bilateral facet joints from L3 to S1. did recommend lumbar medial branch blocks from L3 to L5 due to the mostly axial non-radicular pain in the lumbar area. The patient's symptoms continued in February of 2014. The most recent evaluation on 03/06/14 continued to report low back pain radiating to the lower extremities that was severe. On physical examination, no substantial changes were noted on physical examination. There was no evidence of neurological deficit. again recommended medial branch blocks from L3 to L5 with mild sedation to combat

anxiety. No opiate medications were recommended for the procedure.

The request for lumbar medial branch blocks from L3 to L5 was denied by utilization review on 02/10/14 due to the patient's radicular complaints in the lower extremities. It was also unclear whether the patient would undergo facet neurotomy procedures.

The request was again denied by utilization review on 02/27/14 as there was no clear documentation regarding neurotomy procedures.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The clinical documentation provided for review does indicate that the patient has continuing complaints of low back pain radiating to the lower extremities. Based on notes, there was no evidence of neurological deficit on any of the physical examination findings. In review of, it is still unclear what the plan for this patient is following medial branch blocks. The most recent documentation did not specify whether the patient was planned to undergo any neurotomy procedures following medial branch blocks as recommended by guidelines. As this concern of the prior reviewer's was not addressed with the most recent reports provided, it is this reviewer's opinion that medical necessity for O/P ASC lumbar MBB L3,L4,L5 is not established at this point in time based on guideline recommendations. As such, 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)