

# True Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Aug/12/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4/5 Facet Medial Branch Block

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

Board Certified Orthopedic Surgeon

### 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.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she was involved in a motor vehicle accident. The patient has been followed for multiple complaints. The patient had been assessed with neurogenic claudication secondary to stenosis at L5-S1 as well as continuing neck pain. Conservative treatment to date did include physical therapy in 2013. The patient was also having multiple lumbar epidural steroid injections for the diagnosis of lumbar neurogenic claudication starting in May of 2011 and continuing to the most recent injection completed on 04/15/14 which was performed at L4-5. The patient's MRI studies of the lumbar spine as well as electrodiagnostic studies from 2011 noted evidence of stenosis at L4-5 and L5-S1 with electrodiagnostic evidence for a chronic L5-S1 radiculopathy. With epidural steroid injections, the patient did report 70% relief of symptoms. Following the most recent epidural steroid injection from 04/15/14, the clinical report on 04/22/14 noted that the patient had continuing lower extremity cramps in the buttocks and thigh following the injection. The patient did report tenderness to palpation with decreased lumbar range of motion. No motor weakness was identified; however, there was some paresthesia in a right L5 nerve root distribution. Follow up on 06/04/14 noted persistent complaints of pain in the low back which overall had significantly improved with the epidural steroid injection as well as post-injection physical therapy. On physical examination, there was pain with lumbar range of motion, more so on extension. There was tenderness over the facets at L4-5. No focal neurological deficits were noted on physical examination. referred to a CT myelogram of the lumbar spine which noted facet arthropathy at L4-5. This study was not available for review. Recommendations were for medial branch blocks bilaterally at L4-5. The appeal letter on 06/27/14 indicated that the patient was not felt to have current evidence regarding

radiculopathy and the patient required medial branch blocks to address axial low back pain secondary to facet pathology.

The requested L4-5 bilateral medial branch blocks were denied by utilization review on 06/25/14 as there was evidence of radiculopathy for which medial branch blocks were not indicated.

The request was again denied by utilization review on 07/14/14 as there was continued evidence regarding radiculopathy that would not support the use of medial branch blocks at L4-5.

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

The patient has been followed for a long history of lumbar radiculopathy and neurogenic claudication based on procedure reports and clinical notes. The most recent epidural steroid injection for this patient was completed in April of 2014. When this injection was performed, the patient did have continuing complaints of pain radiating into the lower extremity. The most recent evaluation from 06/04/14 did not identify any clear evidence of lumbar radiculopathy. The patient was recommended for medial branch blocks at L4-5; however, it is unclear from report whether there was any further consideration regarding a facet rhizotomy following the medial branch blocks. In this case, given the request for medial branch blocks at L4-5, it is within a reasonable medical probability that will continue to recommend further treatment for facet mediated pain if there is a positive response from the injection. The patient has completed a reasonable course of conservative treatment and there is no current objective evidence to support an active lumbar radiculopathy which would be a general contraindication to utilizing lumbar medial branch blocks. In this case, it is this reviewer's opinion that the patient does meet guideline recommendations regarding the proposed service. Therefore, the requested L4-5 medial branch blocks would be considered medically necessary and within guideline recommendations. As such, the prior denials are overturned.

**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)