



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 1/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of right L5-S1 Medial Branch Block.

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

The reviewer is a Medical Doctor who is 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of right L5-S1 Medial Branch Block.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

LHL009 – 12/13/13

Denial Letters – 10/25/13, 11/19/13
Pre-authorization Approval Letter – 5/24/13

Procedure Orders – 10/21/13
Pre-Certification Request – 10/21/13
Office Notes – 4/5/13, 5/6/13, 6/11/13, 6/27/13, 7/30/13, 9/13/13, 10/28/13
Orthopedic Reports – 12/7/12, 12/14/12, 12/21/12, 1/4/13

MRI Lumbar Spine – 4/17/13

Operative Report – 11/11/10

Electrodiagnostic Evaluation / EMG-NCV – 8/26/08

Imaging Report – 7/22/08

Operative Report – 1/5/11

CT Guidance for Needle Placement Report – 9/17/13

Records reviewed:

Daily Progress Notes – 2/1/11, 2/8/11, 2/11/11, 2/18/11, 2/24/11, 3/3/11

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained an injury while working in the spring of xxxx. Despite medications, therapy, a right L5-S1 microdiscectomy, and an ESI (on 6-11-13); the claimant continues to be symptomatic with low back pain. Most recently including on 9/13/13, the claimant has been documented with a neurologic examination that included L5 dermatomal changes with knee motor power at 4/5. There was an antalgic gait and paravertebral tenderness. On 10/28/13, the claimant had 4/5 knee motor power and “mechanical back pain”. An MRI report dated 4/17/13 revealed postoperative changes at L5-S 1 including disc protrusion and lateral recess narrowing with evidence of nerve impingement. Letters of denial discussed evidence of clinical radiculopathy.

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

The claimant has evidence of clinical radiculopathy. There has not been significant evidence of facet-mediated pain generation (as referenced below) that exceeds the findings of post-operative radiculopathy as a pain generator. In the face of such radiculopathy, guidelines do not support the request as "there should be no evidence of radicular pain..." Therefore, the request cannot be considered medically necessary as it does not comport with the guidelines referenced below.

ODG Low Back Chapter: Facet Joint Pain, Signs and Symptoms:

Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):

(1) Tenderness to palpation in the paravertebral areas (over the facet region);

- (2) A normal sensory examination;
- (3) Absence of radicular findings, although pain may radiate below the knee;
- (4) Normal straight leg raising exam.

Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

Facet Joint Intra-articular Injections: Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:

- 1. No more than one therapeutic intra-articular block is recommended.
- 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
- 3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
- 4. No more than 2 joint levels may be blocked at any one time.
- 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

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)