

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 01.10.14

IRO CASE #:

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

M.D., F.A.C.S., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering chronic low back pain

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbosacral spine medial branch block injections, L4-L5 and L5-S1 bilaterally

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- X** Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

| <i>Primary Diagnosis Code</i> | <i>Service Being Denied</i> | <i>Billing Modifier</i> | <i>Type of Review</i> | <i>Units</i> | <i>Date(s) of Service</i> | <i>Amount Billed</i> | <i>Date of Injury</i> | <i>DWC Claim #</i> | <i>Upheld Overturn</i> |
|-------------------------------|-----------------------------|-------------------------|-----------------------|--------------|---------------------------|----------------------|-----------------------|--------------------|------------------------|
| 64493 64494 | | | Prosp. Prosp. | | | | Xx/xx/xx Xx/xx/xx | | Upheld Upheld |

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

The injured employee is a male who suffered the onset of low back pain on xx/xx/xx. He has pain which is primarily localized in the lumbar spine with complaints of painful radiation into the left leg and some in the right leg. Most of his complaints relate to inability to sleep comfortably at night. He has been treated with medications, activity modifications, physical therapy, and home exercise program. He has done well with intermittent flares of discomfort. His evaluations have included MRI scan of the lumbar spine, revealing evidence of degenerative disc disease with mild evidence of facet arthropathy. Physical examination currently fails to reveal evidence of radiculopathy. He has symmetrical reflexes in the lower extremities. He has no motor or sensory loss. Straight leg raising test is reportedly negative. EMG/NCV studies have not revealed definitive evidence of radiculopathy, though mild S1 radicular changes have been reported. The current request is for facet joint injections with medial branch nerve blocks at facets of L4-L5 and L5-S1 bilaterally. The requests for such preauthorization were considered and denied. They were also reconsidered and denied.

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

At this time, it would appear that the decision to deny injections of the medial nerve branch to facets at L4-L5 and L5-S1 bilaterally is an appropriate decision. There is no clear evidence of radiculopathy. The claimant has gone long periods of time without treatment. It would appear that he has a recurrent flare of discomfort, which well could be treated medically utilizing appropriate medication, physical therapy, and activity modifications. The prior denials were appropriate and should be upheld.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)