

DATE: 06/26/14

Notice of Independent Review

DATE NOTICE SENT TO ALL PARTIES: 6.26.14

IRO CASE #:

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

M.D., board certified in Neurology with added qualifications in Pain Management, fellowship trained in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-L5 and L5-S1 medial branch blocks on the right, under fluoroscopy and with sedation

REVIEW OUTCOME:

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

- Upheld (Agree)
 Overtured (Disagree)
 Partially Overtured (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 Overtured</i>
847.2	64493 64494 77003 J3301 J2250 01992		Prosp.				Xx/xx/xx		Overtured Overtured Overtured Overtured Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY (SUMMARY):

This claimant sustained an injury on xx/xx/xx with some direct impact to the right knee. She has had continued complaints of pain involving the right knee, as well as the lower back, primarily on the right. There are no symptoms of radiating pain, such as radicular pain. MRI scan of the lumbar spine done recently does not demonstrate significant pathology, such as frank disc herniation and/or nerve root compromise. Physical exam findings do correlate with some facet-mediated pain on the right in the lower lumbar levels, prompting the requested service for diagnostic lumbar facet medial branch blocks at the L4-L5 and L5-S1 levels on the right. The claimant has already undergone conservative treatment including several weeks of physical therapy and treatment with analgesics, including nonsteroidal anti-inflammatory drugs.

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

Prior denials have been based on the seeming paradox of requiring a 70% relief of pain from the diagnostic blocks in order to proceed, presumably, for treatment options, such as radiofrequency. Since the requested

service does represent the initial set of diagnostic blocks, this cannot be used as the denial reason. There is also clear documentation that the claimant prefers to be sedated due to her anxiety about the procedure. Though the Official Disability Guidelines suggest the presence of “extreme anxiety,” it is uncertain to this reviewer how this may be documented at the preoperative level. I believe the requesting physician has documented sufficient criteria to meet ODG guidelines for this particular request.

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)