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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP bilateral lumbar ESI at L4-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Physical Medicine and rehabilitation and Pain Medicine

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 OP bilateral lumbar ESI at L4-S1 in this case has been established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

MRI lumbar spine dated 11/13/13

MRI thoracic spine dated 01/23/14

Physical therapy reports dated 11/06/13-11/12/13

Clinical report dated 10/08/13, 10/14/13, 10/18/13, 10/29/13, 11/04/13, 11/07/13, 11/14/13, 12/12/13

Clinical report dated 04/16/14

Appeal letter dated 04/30/14

Prior utilization report dated 04/24/14, 06/04/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for complaints of low back pain. Prior conservative treatment has included physical therapy through 11/12/13 for a total of 13 sessions. Medications have included anti-inflammatories as well as muscle relaxers and analgesics for pain. MRI studies of the lumbar spine completed on 11/13/13 did note disc protrusions from L3 through S1 secondary to degenerative disc changes. There was facet hypertrophy noted at multiple levels. There was some foraminal stenosis noted from L3 through S1; however, this was felt to be minimal. No clear nerve root compression was identified at any level. The patient was followed through December 2013 for ongoing complaints of low back pain. The patient was referred to pain management as there was no response to physical therapy or the use of medications. The patient was seen on 04/16/14 with continuing complaints of low back pain. The patient denied any radicular symptoms. On physical examination there was pain free range of motion in the cervical spine. In the lumbar spine there was tenderness to palpation at the lumbosacral junction. Kemp's maneuver was noted to be positive bilaterally at L4-5 and L5-S1 with tenderness along the lumbar paraspinal musculature. There was myofascial triggering identified. Straight leg raising was reported as negative. did

recommend L4-5 and L5-S1 diagnostic medial branch blocks to determine whether the patient would be a good candidate for radiofrequency rhizotomy. appeal letter on 04/30/14 he reiterated that the patient had no evidence for lumbar radiculopathy and had mainly axial low back pain that was persistent despite conservative treatment. The request for medial branch blocks at L4-5 and L5-S1 bilaterally were denied by utilization review on 04/24/14 as there was limited documentation regarding conservative treatment to include medication management and physical therapy. There was also no comprehensive neurological evaluation provided for review. The request was again denied by utilization review on 06/04/14 as there was no documentation regarding physical therapy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing complaints of axial low back pain. This has not improved over time despite an extensive amount of physical therapy as well as multiple medications including anti-inflammatories and muscle relaxers as well as analgesics. The clinical documentation provided for review does not indicate evidence of radiculopathy. MRI studies were negative for any neural compressive findings and the patient's physical examination findings were unremarkable for neurological deficit. The patient's physical examination findings did note axial type low back pain with positive Kemp's maneuver. There was tenderness to the lumbar paraspinal musculature as well as over the facets consistent with facet mediated pain. notes did indicate that if diagnostic medial branch blocks were beneficial to the patient's pain, he would consider lumbar rhizotomy. The clinical documentation submitted for review does meet guideline recommendations regarding medial branch blocks as the request is no more than two joint levels. As the clinical documentation provided for review does meet guideline recommendations, it is this reviewer's opinion that medical necessity for OP bilateral lumbar ESI at L4-S1 in this case has been established, and 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)