

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/07/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: medical branch block injection bilateral L3-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the request for medical branch block injection bilateral L3-S1 is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 04/04/11
Clinical notes 07/18/12
Clinical notes 09/12/12
Clinical notes 12/27/12
Clinical notes 04/01/13
Clinical notes 08/21/13
Clinical notes 12/26/13
Clinical notes 04/14/14
Adverse determinations 04/21/14 and 05/28/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury to her low back. The clinical note dated 04/04/11 indicated the patient utilizing Norco and Flexeril to address low back complaints. The patient upon exam the patient was identified as having slight low back pain with extension. Tenderness to palpation was minimal. The patient was neurologically musculoskeletally normal in all other findings. The clinical note dated 08/21/13 indicated the patient complaining of low back pain. The patient had severe levels of pain. The patient demonstrated 10 degrees of lumbar extension with 60 degrees of flexion. Pain was elicited at the end ranges. No radiculopathy was identified. The patient previously underwent rhizotomy in the low back. The patient was prescribed hydrocodone. The clinical note dated 12/26/13 indicated the patient continuing with rhizotomy with low back pain. The patient continued with Norco and Flexeril for pain relief. The clinical note dated 04/14/14 indicated the patient continuing with low back pain with no other pain radiating into the lower extremities. The patient continued with range of motion limitations in the lumbar spine. The patient was recommended for medial branch blocks at L3 through S1.

The Utilization Reviews dated 04/21/14 resulted in and 05/20/14 resulted in a denial for the proposed treatment as the number of levels exceeded recommendations for the procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation indicates the patient complaining of low back pain. Medial branch blocks are indicated for patients with complaints of low back pain that are non-radicular in nature. The patient previously underwent medial branch blocks in the remote past. However, the request involves a three level procedure. Standard of care would indicate that no more than two levels be injected at any one time. Given the request for a three level procedure this request exceeds recommendations for the proposed medial branch blocks. As such, it is the opinion of this reviewer that the request for medical branch block injection bilateral L3-S1 is not recommended as medically necessary.

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)