



14785 Preston Road, Suite 550 | Dallas, Texas 75254
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Notice of Independent Review Decision

DATE OF REVIEW: 5/28/2014

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medial Branch Block L4-5 and L5-S1 Bilateral.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a female who sustained a back injury on xx/xx/xx. Her MRI showed mild to moderate disc degenerative changes from L4-S1, Modic type 1 degenerative end plate signal changes at the right L5-S1, central annular tear and disc protrusion at L4-5 without significant central canal stenosis or foraminal encroachment, and mild to moderate right foraminal encroachment at L5-S1. Patient had prior treatments consisting of activity modification, chiropractic care, heat and cold therapy, massage therapy, medications, and 15 sessions of physical therapy. Patient reported mild relief with oral steroids, anti-inflammatories, and physical therapy. Review of the



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most recent MRI showed disc desiccation and spondylosis with moderate facet arthropathy at L4-5 and L5-S1. On the most recent physical exam dated April 22, 2014, patient had significant pain with extension of the lumbar spine, decreased range of motion of the lumbar spine at 25 degrees, positive tenderness on palpation as well in the paraspinal musculature, no focal neurologic deficit.

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

Per ODG references, the requested "Medial Branch Block L4-5 and L5-6 bilateral" are medically necessary. Medial Branch Block, L4-5, L5-S1, bilateral is indicated for this patient. Review of the most recent MRI showed spondylosis with moderate facet arthropathy at L4-5 and L5-S1. On the most recent physical exam, the patient did not have any radicular component. All her pain symptoms were in the back region over the facets and the paraspinal muscles, with associated pain on lumbar extension.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- 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