

Notice of Independent Review Decision

DATE OF REVIEW: 01/29/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Selective nerve root block at S1, left side, to include 64483, 77003-26

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

The TMF physician reviewer is board certified in pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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 or not medical necessity exists for each of the health care services in dispute.

It is determined that the selective nerve root block at S1, left side, to include 64483, 77003-26 is not medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 01/21/14
- Decision letter – 12/23/13, 12/31/13, 01/03/14
- Scripts for Orders, Selective Nerve Root – 12/18/13
- Office visit notes – 09/10/13 to 01/02/14
- Report of Periodic Outcomes Evaluation – 10/31/13, 12/17/13
- Operative Report – 12/03/13

- Report of review – 12/23/13
- Report of physician review recommendation – 01/03/14
- Report of MRI of the lumbar spine – 09/04/13
- Request for review of selective nerve root block injection – 12/19/13, 12/30/13
- Letter from Utilization Management – 01/22/14

PATIENT CLINICAL HISTORY [SUMMARY]:

This injured worker sustained a work related injury on xx/xx/xx. This resulted in severe ongoing pain in his left lumbosacral area with radiation to the left lower extremity into the inner foot. An MRI demonstrated evidence of a disc lesion at L5-S1, slightly worse on the right side, with facet arthropathy. The patient underwent left L4-5 and L5-S1 facet joint blocks in December of 2-13. There is a request for the patient to undergo selective nerve root block (SNRB) injection at S1, left side.

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

For an approval of an epidural steroid injection, the ODG requires correlation of physical evidence of radiculopathy with imaging findings. There is no documentation of radiculopathy and the imaging reveals a protrusion on the opposite side to the patient's symptoms. Therefore, there is no correlation with imaging and the ODG have not been met.

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 KNOWLEDGBASE
- 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)