

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/12/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Block L5/S1 Bilateral Medial Branch of Dorsal Ramus

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

Board Certified Anesthesiologist

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident. The patient has completed a course of physical therapy with minimal or no help. Functional capacity evaluation dated 07/19/13 indicates that required PDL is medium and current PDL is light. The patient underwent cervical facet blocks on 10/09/13 and 10/23/13 followed by radiofrequency ablation on 12/04/13. MRI of the lumbar spine dated 11/06/13 revealed at L5-S1 there is severe left facet arthropathy and moderate right facet arthropathy along with a 1 mm synovial cyst confined to the right facet joint. There are no areas of disc herniation or ligamentum flavum hypertrophy producing central canal stenosis or neural foraminal stenosis. Note dated 03/19/14 indicates that the patient complains of pain in the cervical and lumbar spine. Medications include Naprosyn, Tramadol, Amoxicillin, loratadine, promethazine and cyclobenzaprine. On physical examination Straight leg raising is positive for sciatic irritation and/or SI inflammation at 45 degrees. Lower extremity strength is 5/5. There are no sensory deficits.

Initial request for Lumbar facet block L5-S1 bilateral medial branch of dorsal ramus was non-certified on 03/06/14 noting that the records reflect there was approval of a lumbar facet block at L5-S1 on 10/03/13. The records do not reflect clearly if a block had been completed. There was a report of 90% improvement with cervical and lumbar facet blocks. There was no documentation of the length of this improvement. The denial was upheld on appeal dated 04/11/14 noting that there was no indication any evidence of additional evidence-based

activity and treatment would be provided after the current request.

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

The patient sustained injuries on xx/xx/xx and underwent an initial trial of physical therapy. There is no indication that the patient has undergone any recent active treatment to the lumbar spine. There is no evidence of formal plan of additional evidence-based activity in addition to the injection. As such, it is the opinion of the reviewer that the request for lumbar facet block L5-S1 bilateral medial branch of dorsal ramus 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

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)