

Pure Resolutions LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Reconsideration for lumbar facets injections with fluoscopy

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 who sustained an injury on xx/xx/xx sustaining an injury to the low back. Prior imaging did show multi-level degenerative disc disease and disc herniations, primarily at L4-5 and at L5-S1. The patient is noted to have had prior discography procedures completed in 2010 showing concordant pain from L3 to S1. The patient has been provided multiple medications including Gabapentin, Celebrex, and Hydrocodone for pain as well as Tizanidine and Topiramate. The patient is noted to have had prior lumbar epidural steroid injections, the most recent one performed on 12/31/13. Follow up on 01/16/14 stated the patient had excellent resolution of her radicular pain in the lower extremities. The patient continued to describe pain central in the lumbar spine. On physical examination, there was continued tenderness over the bilateral facets from L4 to S1 which increased with lumbar extension. The patient was recommended for bilateral L4-5 and L5-S1 medial branch blocks with fluoroscopy. The patient continued to be seen routinely through 03/19/14. continued to report negative findings for lumbar radiculopathy with the exception of some burning sensation in the left foot which was being covered by the use of Gabapentin. The patient was recommended again for lumbar medial branch blocks from L4 to S1 with fluoroscopy.

The lumbar facet injections with fluoroscopy were denied by utilization review on 02/06/14 as there was continued burning sensation in the lower extremities with positive abnormal EMG studies.

The request was again denied by utilization review on 03/25/14 as there was a continuing diagnosis of lumbar radiculopathy with continued burning sensation and abnormal EMG studies.

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

The patient is currently being followed for complaints of primarily low back complaints after epidural steroid injections resolved a primary component of the patient's radicular symptoms. The patient is noted to have had continuing burning sensation in the feet; however, this has been adequately covered with the use of Neurontin per reports. The patient's physical examination findings do identify positive facet mediated pain findings to include tenderness to palpation over the lumbar facets as well as pain with facet loading. As the clinical documentation does not identify any ongoing clear radiculopathy that would cloud the response to facet injections and as there are clear objective findings regarding facet mediated pain, the recommended diagnostic medial branch blocks bilaterally from L4 through S1 with fluoroscopic guidance would reasonably meet the guideline recommendations regarding these procedures. Therefore, it is this reviewer's opinion that the proposed blocks are medically necessary. As such, the prior denials are overturned.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES