

# Parker Healthcare Management Organization, Inc.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** OCTOBER 14, 2014

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Lumbar facet medial branch block, L5-S1, outpatient

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Lumb. Facet medial branch block		Prosp	1			Xx/xx/xx	xxxxx	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a man, who had a work related injury with reported shoulder, neck, shoulder and low back injury. There was reported low back tenderness to palpitation.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

On 9.23.13 and 10.21.13, proposed work up with MRI's and formal therapy.

On 10.9.13, notes Lumbar disc protrusions and herniations as well as facet changes bilaterally that the first radiologist did not report.

On 11.22.13, documented numbness and tingling in both legs and Si joints were pain free. proposed a possible Lumbar ESI.

On 5.30.14, proposed a L4-5 medial branch block and documented positive provocative SI tests.

The patient had a left SI injection on 7.9.14.

The note on 7.15.14 reported pain to the right buttock and the right thigh.

Thus, this patient's low back disorder has been poorly defined and inconsistent in symptoms and findings.

The report did not even list facet issues as a diagnosis.

The request is not supported by the records or the ODG guidelines as medical necessity. Thus the adverse decision is Upheld.

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

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES