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Notice of Independent Review Decision

DATE OF REVIEW: 2/02/2015

IRO CASE #

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L3-5 medial branch block with IV sedation.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is a male who was injured on xx/xx/xxxx, from putting a heavy object on the floor. Patient continued to complain of pain, right side worse than the left side, no radicular component was reported. Most of the pain was documented to be in the lower back with some radiation to the hip and thigh. Patient had a positive facet load test, no pain on lumbar flexion, increased pain with lumbar extension. Patient did undergo physical therapy up to 16 sessions with no improvement, also tried medication therapy to include but not limited to oral steroids, anti-inflammatories, hydrocodone, and lately switched to Tylenol 3. MRI done on April 15, 2014 showed mild spondylosis, L5-S1 broad base disc bulge was noted with left paracentral to foraminal indentation with contact of the traversing left S1 nerve root in lateral recess. Patient did undergo facet injection on the right L4-5, L5-S1 with reported excellent relief for one week. Patient reports the pain has returned in bilateral low back area after the injection, with a visual pain score of 8/10.



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

Per ODG references, the requested services "Bilateral L3-5 medial branch block with IV sedation" is partially medically necessary. Patient already had a facet injection with reported excellent relief for one week. While there is no need to repeat the right side, the patient should be certified for medial branch block on the left side only for two levels L4-L5, and L5-S1.

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