

Applied Assessments LLC
Notice of Independent Review Decision

Case Number

Date of Notice: 01/20/2015

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

1 Medial branch block L5 and sacral Ala (left side) under fluoroscopy for the lumbar area as an outpatient

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)

This patient complaints of back pain. On 09/24/14, an MRI of the lumbar spine revealed mild loss of disc space height and signal at L5-S1 and to a lesser extent at L4-5 and L2-3. There was a disc bulge centrally with extension to both sides of the midline at the L5-S1 level. There was no central or foraminal stenosis. On 10/21/14, this patient received an injection into the left SI joint. On 11/11/14, this patient returned to clinic with complaints of back and left leg pain. He noted that the recent left SI injection was not very helpful. Examination found straight leg raise was positive going down to the left proximal calf. Sensation was intact to the right lower extremity and left lower extremity and reflexes were rated at 2+ bilaterally and symmetrical. He did have an antalgic left gait. On 12/18/14, this patient returned to clinic and rated his pain at 3-6/10. His pain radiated to the left leg, buttocks with an electrical sensation. Upon exam, sensation was intact to light touch to the extremities and equal bilaterally. He did walk with an antalgic gait. A medial branch block injection bilaterally at L5 and the sacral ala under fluoroscopy was recommended. It was noted his exam was consistent with a facet injury.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 11/26/14, a utilization review determined that the requested service was non-certified. The rationale given at that time was that there was no indication of facet pathology on the diagnostic study and the patient was complaining of radicular symptoms. Therefore the request was non-certified. On 12/18/14, a utilization review determination noted the requested service was not medically necessary. It was noted there was no physical examination indicating increased pain with extension or rotation and there is no mention in the report of positive facet loading. It was noted that the current condition of the patient was unknown as the patient had not been seen in approximately 1 month.

The submitted records for this review also indicate the patient is complaining of radicular type symptoms, and had been recommended for epidural steroid injections, indicative of treatment for radiculopathy. The records do not indicate a positive exam for facet loading or indications that he had pain on motions such as extension and/or rotation. The requested procedure, facet injection, or medial branch block is only recommended for those patients who have non-radicular pain and findings consistent with facet pathology. Therefore, it is the opinion of this reviewer that the request for a medial branch block at L5 and sacral ala left side under fluoroscopy for the lumbar spine is not medically necessary and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um knowledgebase
- AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)