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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 06/30/2015

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:

Bilateral Lumbar Facet block @L4-5 with TIVA (total IV sedation)

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)

The patient is a male who reported an injury to his low back as a result of a work related injury when he was closing metal shutters on xx/xx/xx. The clinical note dated 08/22/14 indicates the patient having undergone multiple sessions of physical therapy. The note indicates the patient utilizing Robaxin and Norco as well as Tramadol and Flexeril for pain relief. The note also indicates the patient having previously undergone a facet block in the lumbar region in April of 2013 which provided short term benefit only of up to 50%. The patient reports a 10 day benefit following the procedure. The patient reported no radiating pain or radiculopathy at that time. The clinical note dated 04/17/15 indicates the patient continuing with 5-8/10 pain in the low back. The patient continued with axial related pain as no information was confirmed regarding any radiation of pain. The therapy note dated 05/08/13 indicates the patient having completed 10 physical therapy sessions to date. The clinical note dated 05/08/15 indicates the patient continuing with complaints of low back pain. There is an indication the patient had previously completed a full course of conservative therapies. Decreased range of motion was identified in the lumbar region. Axial loading elicits a pain response. There is an indication the patient has a needle phobia, hence the additional request for TIVA.

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

The documentation indicates the patient complaining of ongoing low back pain. Facet blocks are indicated for patients who have failed conservative treatments and no other diagnostic injections have taken place. Guidelines recommend 1 set of diagnostic blocks in the lumbar region in order to proceed to more therapeutic interventions. Given the previous diagnostic blocks, a 2nd set of blocks is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a bilateral lumbar facet block at L4-5 with TIVA is not indicated. Given the non-certification of the proposed facet block, the additional request for IV sedation is rendered non-certified.

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)