

Clear Resolutions Inc.

An Independent Review Organization

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DATE NOTICE SENT TO ALL PARTIES: May/18/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar selective nerve root block at bilateral L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of this reviewer that the requested lumbar selective nerve root block at bilateral L5-S1 is not medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male with a reported injury to his low back as a result of attempting to secure a load. The patient's past medical history is significant for a laminectomy and fusion at the L5-S1 level in 2012 and 2013. The therapy note dated 10/09/14 indicates the patient having completed 6 physical therapy sessions to date. The clinical note dated 12/18/14 indicates the patient continuing with complaints of low back pain. The patient reported an increase in back pain upon returning to work. The patient also reported numbness and tingling throughout both lower extremities as well as spasms. The patient reported being unable to work secondary to the ongoing pain. X-rays of the lumbar spine revealed intact hardware at the L5-S1 level with an anterior interbody cage. The note indicates the patient being recommended for an MRI at that time. The clinical note dated 01/08/15 indicates the patient continuing with recurrent pain in the low back with radiating pain into the lower extremities. The patient also reported numbness and tingling with no particular distribution. The clinical note dated 01/21/15 indicates the patient continuing with radiation of pain from the low back into both lower extremities. Intermittent numbness was also identified in both lower extremities as well as the feet and toes. Weakness was also identified in the right lower extremity, specifically at the calf, foot, and toes. The patient did report a constant tingling sensation in both legs. Upon exam, the patient was able to demonstrate full range of motion throughout the lower extremities. 5/5 strength was identified as well. Moderate limitations were identified with lumbar flexion and lateral bending. No reflex deficits were revealed. The myelogram completed on 01/28/15 revealed the fusion at L5-S1. No extradural defects or neural mass effects were identified. No stenosis was revealed. The clinical note dated 03/10/14 indicates the patient continuing with bilateral leg pain radiating from the low back. Weakness continued in the lower extremities. The patient rated the pain as 4-9/10. There is an indication the patient is a current ½ pack per day smoker for the previous 15 years. The patient was being recommended for a selective nerve root block at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of a long history of ongoing low back pain despite a previous surgical intervention, specifically a fusion at L5-S1. A selective nerve root block in the lumbar region is indicated in order to determine the level of the radicular pain where diagnostic imaging is ambiguous or to evaluate radicular pain generators when physical signs and symptoms differ from findings revealed on the imaging studies or if the patient's pain generators differ from the clinical findings where the imaging studies are inconclusive. The submitted myelogram revealed essentially normal findings outside of the fusion at L5-S1. There is an indication the patient is complaining of numbness and tingling in the lower extremities as well as radiating pain. Given the non-specific findings in the lower extremities, and taking into account the imaging studies revealing essentially normal findings, it is unclear if the patient would benefit from the proposed nerve root block. As such it is the opinion of this reviewer that the requested lumbar selective nerve root block at bilateral L5-S1 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 & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

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 (PROVIDE A DESCRIPTION)