

Pure Resolutions LLC

An Independent Review Organization

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Notice of Independent Review Decision

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:

Outpatient ASC Bil L4-5 L5-S1 Medial Branch Block

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 whose date of injury is xx/xx/xx. The patient underwent bilateral L4-5, L5-S1 facet joint injections on 01/03/11. Follow up note dated 01/17/11 indicates that he had immediate anesthetic response with reduction in pain followed by a one week reduction in pain. The patient subsequently underwent bilateral L3-L5 radiofrequency rhizotomy on 03/17/11. Follow up note dated 03/28/11 indicates that he is doing better overall with decreased levels of pain. Follow up note dated 01/26/15 indicates that the patient presents with chronic low back pain. He has had copious amounts of physical therapy in the past. He has been treated with lumbar facet joint rhizotomy with some overall improvement of symptoms. He continues to work full time as a plumber. His most recent rhizotomy was in March 2011 and he reported 50% decreased pain for 18-24 months. Current medications are listed as Percocet and Ultram. On physical examination paravertebral muscles are tender bilaterally with tenderness over the facets. Lumbar range of motion is normal in all directions and painful and restricted with facet loading. Neurological examination is intact. Strength is symmetrically present in the lower extremities. Deep tendon reflexes are symmetrically present and normal. Light touch is normal for all lumbar dermatomes. The patient was recommended to undergo radiofrequency ablation.

Initial request for outpatient ASC bilateral L4-5 L5-S1 medial branch block was non-certified on 12/19/14 noting that the patient is managing his medication regimen. The paravertebral muscles were noted to be tender, but there is no indication that it was at the requested treated levels. The denial was upheld on appeal dated 01/23/15 noting that the patient has complaints of low back pain. There is an indication the patient had previously undergone a rhizotomy. One set of diagnostic medial branch blocks is required in order to proceed to a rhizotomy. Given the patient's significant treatment history involving a rhizotomy, the request is not indicated.

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

The patient sustained injuries in xxxx. There is no indication that the patient has undergone any active treatment in the last two years. The Official Disability Guidelines require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The submitted follow up notes are largely unchanged from February 2013 until January 2015. There is no documentation of a recurrence or flare up and the patient continues to work full time as a xx. As such, it is the opinion of the reviewer that the request for outpatient ASC bilateral L4-5 L5-S1 medial branch block is not recommended as medically necessary.

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)