



## Medwork Independent Review

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### *MEDWORK INDEPENDENT REVIEW WC DECISION*

**DATE OF REVIEW:** 4/27/2015

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Thoracic dorsal medial brunch blocks, right and left.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas State Licensed MD Board Physical Medicine & Rehabilitation & 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 or not medical necessity exists for each of the health care services in dispute.

**PATIENT CLINICAL HISTORY:**

The claimant sustained an injury on xx/xx/xx secondary to a fall and diagnosed with a fracture of the L1 vertebral body. The claimant did undergo L1 vertebral body vertebroplasty and the procedure went well, however, the claimant continued to have pain despite the procedure. He did have an MRI dated 03/11/2014, which revealed that the vertebroplasty outline was appropriately performed, L2-L3 mild bilateral foraminal ligamentum flavum hypertrophy, L3-L4 mild endplate bony hypertrophy, and mild bilateral facet ligamentum flavum hypertrophy. L5-S1 shows neuroforaminal narrowing and L5-S1 left-sided endplate bony hypertrophy. A review of the most recent documentation on 03/10/2015 revealed that there was an examination performed on the claimant reviewing paraspinal tenderness from T1-T3, decreased lumbar lordosis, some changes in motor.

There was no range of motion testing and actually no evidence of facet challenging, which would include extension base testing, lateral rotation testing, and the lateral side bending.

Unfortunately, this was not performed which would help define facet mediated pain. At this time, there was a recommendation for dorsal medial branch block, right and left, T12-L2. There is no suggestion that the claimant had undergone more conservative measures particularly physical therapy for this particular entity. Additionally, there is evidence that not only the claimant had low back and mid back pain, but he also has some radicular qualities to his pain including radiating pain into the hips, buttocks, and legs with associated numbness.



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

It is well known that in a compression fracture as such, especially in this case where the posterior elements were involved that there can be both anterior and posterior middle column involvement can cause multiple pain generators and not only fracture pain. In this case, the posterior elements being in the facet joints could be a potential pain generator; however, there is simply not enough information to fully overturn the two denials and particularly, there was no physical examination that supports facet mediated pain.

There are signs of continued radiculopathy and weakness in the hip flexures, which should be consistent with the area of pathology particularly L1 through L3 and subsequently. There was no documentation suggesting that the claimant had undergone more conservative measures for facet mediated pain particularly thoracolumbar stabilization, traction, modalities, or any type of physical therapy for the entity. For particularly these three reasons, they request for thoracic dorsal medial branch blocks, right and left is non-certified and the previous denials are upheld.

### **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)