

# Clear Resolutions Inc.

An Independent Review Organization

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**DATE AMENDED NOTICE SENT TO ALL PARTIES:** Feb/10/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Lumbar medial branch blocks L4-5, L5-S1 levels bilateral and cervical facet block medial branch of the dorsal ramus C2-3, C3-4 bilateral.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO, Board Certified Physical Medicine and Rehabilitation and DO, Board Certified 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 this reviewer's opinion that medical necessity of the request for Lumbar medial branch blocks L4-5, L5-S1 levels bilateral and cervical facet block medial branch of the dorsal ramus C2-3, C3-4 bilateral has been established

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who was injured on XX/XX/XX when he fell approximately nine feet from a ladder landing on his head on concrete. The patient had developed complaints of low back pain with associated numbness in the right upper leg as well as neck pain radiating to the left upper extremity. Prior treatment had included physical therapy and use of anti-inflammatories. Patient also utilized muscle relaxers in the past. The patient continued to have complaints of pain and tenderness in the cervical and lumbar regions with loss of cervical and lumbar range of motion. The patient was being followed for continuing complaints of both neck pain and low back pain. The XX/XX/XX report noted the patient had limited response to prior conservative management. Per reports the patient did not indicate any significant neurological symptoms in the lower extremities. The patient's physical examination noted positive straight leg raise signs bilaterally with facet pain noted during lumbar extension of facet loading maneuvers. There was tenderness over the facets bilaterally from L4 through S1. In the cervical region there was tenderness to palpation over the C2-4 facets with pain on rotation and extension of the cervical spine. The patient was recommended for medial branch blocks for both the cervical and lumbar regions to determine if radiofrequency ablation would be appropriate. The patient was recommended to continue with therapy in conjunction with facet treatment. The XX/XX/XX report no noted no substantial changes on physical examination. It is noted the patient underwent a behavioral evaluation as ordered on XX/XX/XX in regards to a potential chronic pain management program. The requested medial branch blocks at L4-5 and L5-S1 as well as at C2-3 and C3-4 were denied by utilization review on XX/XX/XX as there was evidence of neurological deficit in the lower extremities suggestive of radiculopathy. The request was again denied on XX/XX/XX as there had been limited documentation regarding the use of anti-inflammatories for at least four to six weeks.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The clinical documentation submitted for review addresses the prior reviewer's concerns regarding prior non-operative management as well as neurological findings. XX records clearly indicated the patient had not improved with prior physical therapy or medications in regards to both cervical and lumbar facet symptoms. The previous documentation established trials of anti-inflammatories as well as muscle relaxers for at least four weeks. XX specifically indicated patient had no substantial neurological symptoms in the upper or lower extremities. The patient had no focal deficits in the extremities consistent with radiculopathy. The patient's physical examination findings were consistent with facet mediated pain in both the cervical and lumbar region. Given the failure of non-operative treatment to date as well as objective evidence most consistent with facet mediated pain affecting both the cervical and lumbar regions, it would be reasonable to proceed with medial branch blocks to determine pain generators and if radiofrequency ablation would be a potential procedure to be can to be performed later. Therefore, it is this reviewer's opinion that medical necessity of the request for Lumbar medial branch blocks L4-5, L5-S1 levels bilateral and cervical facet block medial branch of the dorsal ramus C2-3, C3-4 bilateral has been established and the prior denials are overturned.

**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)