

# Clear Resolutions Inc.

An Independent Review Organization

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**DATE NOTICE SENT TO ALL PARTIES:** Mar/07/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Bilateral L2, L3, L4 Medial Branch Block under Fluoroscopy

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** DO, Board Certified Orthopedic Surgery

**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 request for Bilateral L2, L3, L4 medial branch block under fluoroscopy is not medically necessary

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male, with complaints of back pain. On XX/XX/XX, the patient was taken to surgery for a bilateral L4-5 and L5-S1 facet block, with steroid, and use of fluoroscopy, using IV sedation. On XX/XX/XX, the patient was seen in clinic, and noting that he had done well with the previous block, a medial branch block targeting the L3-4 and L4-5 joints was recommended. His gait was normal, and strength, reflexes and sensation were normal in the lower extremities.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** On XX/XX/XX, a utilization review report non-certified the request, stating that there were complaints of radiating pain to the right ankle, and the procedure is not indicated for radiculopathy.

On XX/XX/XX, a utilization review report non-certified the request, stating that only 1 block is needed and confirmatory blocks are not indicated.

The guidelines state that one medial branch block is recommended prior to undergoing a radiofrequency lesioning. The records indicate that a previous block was performed, but the overall efficacy of that block was not documented objectively. On XX/XX/XX, the patient was taken to surgery for a bilateral L4-5 and L5-S1 facet block, with steroid, and use of fluoroscopy, using IV sedation. On XX/XX/XX, the patient was seen in clinic, and noting that he had done well with the previous block, a medial branch block targeting the L3-4 and L4-5 joints was recommended. His gait was normal, and strength, reflexes and sensation were normal in the lower extremities. This 2nd requested block would affect essentially the same levels as previously injected, as the L4-5 segment was injected previously, and by the nature of the anatomy, also included a portion of the L3-4 segment.

It is the opinion of this reviewer that the request for Bilateral L2, L3, L4 medial branch block under fluoroscopy 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)**