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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

lumbar facet block L5-S1 medial branch of the dorsal ramus bilaterally x1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiology

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:



Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX with a date of injury of XXXX. On XXXX, the patient was taken to surgery for a right lumbar facet injection at L3-4, L4-5 and L5-S1 under fluoroscopic guidance as well as trigger point injections times three muscles. On XXXX, the patient turned to clinic, and reported being approximately 50% better. On exam XXXX had no strength deficits, sensation was normal to the upper extremities and lower extremities. XXXX had a normal gait. A repeat injection was recommended if needed in the future. On XXXX, the patient returned to clinic with complaints of low back pain at 4-6/10. It was noted there was no significant change in physical examination since XXXX last office visit.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On XXXX, a notification of reconsideration adverse determination indicated that it was not clear why a second set of diagnostic facet blocks were being requested instead of moving to a neurotomy at the previous levels identified.

On XXXX, a notification of adverse determination stated that medial branch blocks were limited to patients with low back pain that was non-radicular and patient had radicular symptoms as evidence by radiating pain in a right lower extremity. Therefore the request was not supported as being medically necessary.

The guidelines state that one medial branch block is recommended, and if successful, the provider should then proceed with a radiofrequency neurotomy. The patient had 50% improvement from the previous medial branch block, and there is no indication why a 2nd block is warranted.

It is the opinion of this reviewer that the request for lumbar facet blocks L5-S1 medial branch of the dorsal ramus bilaterally times one 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- 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**
- ☒ **X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☐ **X 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)**