

Vanguard MedReview, Inc.

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet block L5/S1 level medial branch of the dorsal ramus bilaterally

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

This case was reviewed by a Board Certified Doctor of Anesthesiology with over 12 years of experience.

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]:

XX UR performed by XX, MD. **Rationale for Denial:** Based on my review of the submitted medical documentation, continued PT for the thoracic and lumbar spine is not medically necessary. The claimant has had prior treatment (some 14 sessions, per the claims administrator), seemingly in excess of the 10 session course espoused in ODG's low back chapter PT guidelines for sprains and strains of the lumbar spine, i.e., the diagnoses reportedly present here. ODG further stipulates in its Low Back Chapter Functional Improvement Measures topic that functional improvement measures should be invoiced repeatedly over the course of treatment so as to demonstrate progress in terms of return to functionality and so as to justify further use of ongoing treatment methods. Here, a clear rationale for continuation of treatment was not, seemingly furnished. It is unclear why the claimant was incapable of transitioning to an independent self-management program or an independent home exercise program after receipt of 14 prior treatments. The fact that work restrictions were renewed on XX, reportedly resulting in the claimant's removal from the workplace, the claimant's continued reliance on XX and XX, the fact that the claimant was unchanged as of this date, the fact that lumbar MRI imaging was pending, taken together, suggested that the claimant had effectively plateaued in terms of the functional improvement measures established in ODG's Low Back Chapter Functional Improvement Measures topic needed to justify continuation of care. Therefore, the request is not medically necessary.

XX: MRI Lumbar Spine interpreted by XX, MD. **Impression:** Broad based 3.5mm diffuse herniation of the disc. There is radial tear/fissure. Mild narrowing of the proximal neural foramen bilaterally and moderate canal stenosis.

XX: Follow up XX, MD. **HPI:** Patient states XX was XX and had reached to XX and XX felt a sharp pain in his back. Patient reports a pain level of 6 in the Thoracic and Lumbar spine. ROM and symptoms remain the same. **Exam:**

Height XX, weight XX. Symptoms are unchanged. X-Rays: Thoracic Spine: Negative for fracture or dislocation. Lumbar spine: negative for fracture or dislocation. Incidental finding: decreased joint space at L5-S1. **Diagnosis:** sprain of ligaments of thoracic spine, subsequent encounter, sprain of ligaments of lumbar spine, subsequent encounter. **Recommendations:** 1. No physical therapy at this time. 2. Medication: XX 500mg #28, XX 10mg #14. 3. Patient was advised to follow up with primary care. 4. MRI results were discussed. 5. Therapy denied by third party payor. 6. Referral to ESI.

XXXX: Follow up XX MD. **Subjective:** symptoms unchanged. **Exam:** unchanged. **Recommendations:** 1. No PT at this time. 2. XX, XX. 3. Follow up with PC. 4. Continue HEP.

XXXX: Office Visit by XX MD. **Subjective:** Able to stand for less than 30 minutes. Able to sit for less than 30 minutes. Able to walk for less than 30 minutes. Pain level 4-6/10. Pain level at the worst 7-9/10. Best 0-3/10. Sore, aching, constant. Improvement with lying down, exercise at home. The patient is not working. Sleep disturbed frequently by pain. Mood is depressed. **Objective:** Lumbar exam: toe walking, good. Heel walking, good. Deep tendon reflexes: intact in the lower extremities. Straight leg raise negative bilaterally. Pain in the lumbar facets bilaterally at the L5/S1. Facet pain on spine rotation/extension/flexion and palpation and axial loading in the lumbar spine. **Assessment:** Sprain of ligaments of lumbar spine, initial encounter. **Plan:** Lumbar medial branch of the dorsal ramus facet block L5/S1 level. Medial branch of the dorsal ramus bilaterally. If block is successful, radiofrequency ablation, followed by PT.

XX UR performed by XX, MD. **Rationale for Denial:** The patient is a XX year old individual who sustained an injury on XX the patient was diagnosed with sprain of ligaments of lumbar spine initial encounter. Per ODG, the use of IV sedation (including other agents such as XX) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The records indicate an intent to perform this procedure with monitored anesthesia care, without note of exceptional circumstances that would necessitate such sedation. Therefore, the request for lumbar facet block at L5-S1 level medial branch of dorsal ramus bilaterally, is not medically necessary.

XX: UR performed by XX MD. **Rationale for Denial:** The patient is a XX individual who sustained an injury on XX. Prior treatment included six PT visits, which had minimal or no help and medications. The patient rated the pain as XX. The patient was diagnosed with a sprain of ligaments of the lumbar spine, initial encounter. Per ODG, "The use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety." In this case, an inappropriate plan to perform the blocks with monitored anesthesia care is noted. There are no documented extenuating circumstances to support an exception to the guidelines. Therefore, the request for lumbar facet block at L5-S1 level medial branch of the dorsal Ramus bilaterally one time is not medically necessary.

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

Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The patient is a XX who sustained an injury on XX. Prior treatment included six PT visits, which had minimal or no help and various medications. Patient continued to rate pain as XX. The patient was diagnosed with a sprain of ligaments of the lumbar spine, initial encounter. Per ODG, "The use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety." In this case, an inappropriate plan to perform the blocks with monitored anesthesia care is noted. There is no documentation of extenuating circumstances to support an exception to the guidelines. Therefore, the request for lumbar facet block at L5-S1 level medial branch of the dorsal ramus bilaterally one time is not medically necessary.

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)