



Specialty Independent Review Organization

Date notice sent to all parties: 9/4/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a XX XX block XX-XX and XX-XX XX XX block, XX.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a XX XX block XX-XX and XX-XX XX XX block, XX.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who reports an injury date XXXX. On this date, the claimant reports an onset of XX, XX, XX XX, and XX pain after a XXXX. CT scan of the XX XX performed on XXXX revealed minimal XX XX and minimal XX on the XX without XX at XX-XX. At XX-XX, there is a mild XX XX XX and XX with mild XX XX XX. Physical therapy and medication for the XX XX have not been helpful. Documentation dated XXXX notes that the claimant had a XX epidural steroid injection on XXXX with excellent relief for the first few days, and now has a return to baseline. On examination, XX XX XX is XX on the XX. XX sign is positive for XX XX, XX, and XX XX XX. XX XX range of motion is limited in

XX, extension, and XX. There is XX spasm in the XX XX. The provider recommends XX XX XX at XX/XX/XX.

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

In this case, it is noted that the claimant reports ongoing XX XX pain. Examination reveals reduced XX XX range of motion and muscle spasm in the XX XX. Imaging does not reveal XX XX XX. There is a limited documentation of failure of an active course of conservative care focus on the XX XX. The claimant is able to work with restrictions, and specific barriers to performing job duties with regard to the XX XX are not outlined. Therefore, the medical necessity of this request for XX XX XX XX XX, XX-XX XX-XX XX XX XX XX it's not established. Per evidence-based guidelines and the records submitted, this request is not medically necessary.

Official Disability Guidelines- Treatment for XX XX, Online Edition: Chapter: XX and XX XX: XX joint diagnostic blocks, subheading:

Recommended prior to XX XX (a procedure that is considered "under study").

Criteria for the use of diagnostic blocks for XX XX pain:

Clinical presentation should be consistent with XX joint pain, signs & symptoms.

1. One set of diagnostic XX XX blocks is required with a response of XX-XX percent. The pain response should be approximately XX hours for XX.
2. Limited to patients with XX pain that is non-XX and at no more than XX levels XX.
3. There is documentation of XX of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least XX weeks.
4. No more than XX joint levels are injected in one session (see above for XX XX block levels).
5. Recommended volume of no more than XX.XX cc of XX is given to each joint, with recent literature suggesting a volume of 0.XX cc to improve diagnostic accuracy.
6. No pain medication from home should be taken for at least XX hours prior to the diagnostic block and for XX to XX hours afterward.
7. XX should not be given as a "sedative" during the procedure.
8. The use of XX sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme XX.
9. The patient should document pain relief with an instrument such as a XX scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.

10. Diagnostic XX blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic XX blocks should not be performed in patients who have had a previous XX procedure at the planned injection level.
12. It is currently not recommended to perform XX blocks on the same day of treatment as epidural steroid injections or XX XX blocks or XX blocks or XX XX injections as this may lead to improper diagnosis or unnecessary treatment.

XX joint pain, signs & symptoms, subheading

Recommended as outlined in specific sections: XX XX diagnostic blocks; XX XX XX XX; and XX joint therapeutic steroid injections.

The cause of this condition is largely unknown, although pain is generally thought to be secondary to either trauma or a degenerative process.

Traumatic causes include XX and/or dislocation injuries and XX injuries, with the most common XX levels involved in the latter at XX-XX and XX-XX. (Lord 1996) (Barnsley, 2005). The condition has been described as both acute and chronic, and includes symptoms of XX pain, XX, XX pain, XX pain, XX pain, and XX arm pain. (Clemans, 2005)

Symptoms: The most common symptom is XX pain that does not radiate past the XX. (van Eerd, 2010)

Physical findings: Signs in the XX region are similar to those found with XX XX, XX strain, and XX pain.

Characteristics are generally described as the following: (1) XX XX pain (either with no radiation or rarely past the XX); (2) tenderness to palpation in the XX areas (over the XX region); (3) decreased range of motion (particularly with extension and rotation); and (4) absence of XX and/or neurologic findings. If radiation to the XX is noted pathology in this region should be excluded. (Fukui, 1996) (van Eerd, 2010) (Kirpalani, 2008)

Diagnosis: There is no current proof of a relationship between XX findings and pain symptoms. The primary reason for imaging studies to rule out a neurological XX of pain symptoms. Diagnosis is recommended with a XX XX block at the level of the presumed pain generator/s.

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)**