

Applied Independent Review

An Independent Review Organization

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September 4, 2018

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology and Pain Management

Description of the service or services in dispute:

XX

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)

Patient Clinical History (Summary)

The patient is a XXXX with a history of an XX claim from XXXX. The mechanism of injury is detailed as XXXX. The patient has been diagnosed with sprain of ligaments of XX XX. XX MRI from XXXX found straightening of the XX XX, suggestive of muscle spasm; no XX or acute/subacute XX spine fracture within the normal XX cord signal. There was a XX XX XX XX XX XX/XX with accompanying XX high signal XX XX at XX-XX views and mild XX XX XX contouring, central XX XX and XX greater than XX XX XX nerve root anatomic XX. There was less than XX mm XX disc XX/XX with accompanying XX high signal XX XX at XX-XX producing mild XX XX XX XX without significant XX compromise. There was a central XX-XX XX XX XX/XX at XX-XX producing XX XX XX indentation without significant neural compromise. On XXXX the patient underwent XX XX XX XX XX at XX-XX and XX-XX. When seen on XXXX the patient reported no improvement in pain after the procedure with pain a XX-XX/XX. On XXXX the patient reported overall improvement by 70% after XX medial branch XX XX. The patient had the ability to stand longer and sit longer. The treatment plan was for XX XX/XX at XX-XX and XX-XX level.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The Official Disability Guidelines state facet joint radiofrequency neurotomy is under study. Studies have not demonstrated improved function. Criteria for use, if used anyway depends on variables such as evidence of adequate diagnostic blocks, documented improvement in XX score, and documented improvement in function. In this case there is conflicting evidence of improvement from the diagnostic block. The patient first noted no improvement when seen after the block, then months later stated there was overall improvement by 70% after XX medial branch XX XX. The patient did not appear to have undergone dual blocks with evidence of a response of = XX%. As such, in consideration of the conflicting information regarding efficacy of the single block, as well as the use of XX being under study, the XX XX XX/XX XX/XX, XX/XX levels XX XX of the XX XX on the XX XX under fluoroscopic guidance XX XX XX injection, XX XX is not medically necessary and therefore the prior determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHRQ-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines

- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability
- Advisor

- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines

- TMF Screening Criteria Manual

- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)
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