

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

IRO REVIEWER REPORT

Date: 3/12/2018 3:31:27 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet block L5/S1 level medial branch block of the dorsal ramus on the right X1 with sedation

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overtuned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case is XXXX with a history of an occupational claim from XXXX. Mechanism of injury is detailed as pain in the low back with plate. The patient had been treated with rest, medications, physical therapy and epidural steroid injection. According to the XXXX lumbar MRI at level L5-S1 there is disc desiccation and diffuse bulging. The bulging and tense the thecal sac, both L5 nerve root and causing narrowing of the central canal and neural foramina bilaterally. There was generalized facet arthropathy in the lumbar spine. According to the XXXX progress note the patient presented with a lumbar and right hip injury. The patient had full range of motion, normal motor tone, was neurovascularly intact and had sensation intact to light touch. XXXX had a normal gait. Patient was diagnosed with subsequent encounter lumbar contusion, strain of right hip contusion of right hip. According to the XXXX progress note the patient reported low back pain that radiated to the right lower extremity. The patient was able to stand for less than 30 minutes, sit for less than 30 minutes, and walk for less than 30 minutes. The pain level was a 4–6/10 and at worst, 7–9/10. The pain felt like weakness and soreness. The patient's diagnosis was sprain of ligaments of lumbar spine. The treatment plan was for follow-up as needed.

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

The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered “under study”). They are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. In this case, the patient had a herniated disc at the L5-S1 level.

While it was noted there was facet arthropathy throughout the lumbar spine, the patient had low back pain with a radicular component. The documentation did not clearly have presentation that was consistent with facet joint pain, signs and symptoms. The pain described was not predominantly axial low back pain. The medical necessity for sedation with the procedure is not established. Therefore, the request Lumbar facet block L5/S1 level medial branch block of the dorsal ramus on the right X1 with sedation is not medically necessary.

As such, the denial is 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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Facet joint diagnostic blocks (injections)