

Applied Independent Review
An Independent Review Organization

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Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision: Physical Med & Rehab and Pain Medicine

Description of the service or services in dispute: 1 XX XX block at XX/XX, XX-XX levels XX branch of the XX XX XX X 1

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)

This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed as a XXXX. The patient's diagnoses included sprain of the XX spine and sprain of the XX spine. The patient's treatment history included physical therapy and medications. The patient underwent a XX MRI on XXXX. It identified marrow edema in the body of the XX without definitive evidence of a fracture and no disc herniation in the XX region. The patient was evaluated on XXXX. On that day, the patient complained of ongoing XX, chest, mid and XX XX pain in addition to XX knee pain. Objective findings included restricted range of motion secondary pain with muscle spasming and tenderness of the paravertebral musculature. There is also evidence on examination of tender stiffness to the XX joints. The patient had a negative straight leg raising test and normal muscle strength. The treatment plan included a referral for a XX XX block and XX epidural XX injection. The patient was evaluated by pain management on XXXX. On that day, the patient was evaluated for low XX pain and XX pain. Objective findings included a negative straight leg raising test with positive XX loading and increased pain with rotation and extension and flexion. Patient also had tenderness to palpation of the XX facets at the XX-XX and XX-XX. The treatment plan included a XX branch block at the XX-XX and XX-XX to assess for the appropriateness of XXXX XX XX. The treatment plan included physical therapy following the intervention. This request visit reviewed and received an adverse determination due to a lack of documentation of conservative management. The patient was again evaluated on XXXX. It was noted that the blocks were denied. It was noted that there were no changes in the physical exam findings. The treatment plan included additional

consideration of a XX branch block. An appeal request was submitted and received an adverse determination due to a lack of documentation of conservative management. On XXXX the patient was again evaluated due to 7-9 out of 10 pain exacerbated by increased activity levels. It was noted there was no significant change in the patient's clinical presentation and that an independent review was being requested for the XX blocks at the XX-XX and XX-XX.

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

The Official Disability Guidelines recommend diagnostic XX blocks for patients with clinically evident XX mediated pain in the absence of radicular symptoms that are not trending towards improvement with conservative management. The clinical documentation submitted for review does indicate that the patient has increased pain with XX rotation and extension indicative of XX mediated pain. Also, the patient does have tenderness to palpation of the XX joints and positive compression testing. Furthermore, the patient has participated in physical therapy and been treated with medications without a resolution in symptoms. Therefore, a diagnostic XX injection to assess the appropriateness of XXXX XX XX that would be indicated in this clinical situation. As such, the requested XX XX block at XX-XX and XX-XX levels XX branch block of the XX XX XX x1 is medically necessary and the previous determination is overturned.

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 XX 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