Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 572-0836
Email: resolutions.manager@cri-iro.com

10/22/18

Description of the service or services in dispute:
XX XX joint XX
: XX – XX(s), XX, paravertebral XX joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), XX or XX; second level.

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Neurosurgeon

Upon Independent review, the reviewer finds that the previous adverse determination / adverse determinations should be:
☐ Overturned (Disagree)
☑ Upheld (Agree)
☐ Partially Overturned (Agree in part / Disagree in part)

Patient Clinical History (Summary)
XXXX who was diagnosed with XX. XXXX.

On XXXX. Per note, XXXX XX pain persisted with certain movements and was present all the time with aggravation with weightbearing, walking, sitting, and flexing XXXX XX. XXXX also had XX XX from time to time. The examination showed tenderness over the XX greater sciatic notch and over the lower XX. There was limited flexion and extension of the XX as well as lateral flexion and rotation due to pain in the XX XX across the midline. An MRI of the XX XX, XX year prior, showed small amount of herniation in the middle at XX-XX with a desiccated disc.

Treatment to date included medications (XXXX) and physical therapy for the XX shoulder.

Per a utilization review determination letter dated XXXX, the request for XX XX joint XX was non-certified. Rationale: "The injured worker noted tingling in the toes of both feet from time to time. Straight leg raise does not seem to cause XXXX pain. There is tenderness noted. MRI documents XX-XX 2.5 mm broad-based XX disc protrusion and XX XX causing central canal , XX lateral recess and abutting the XX traversing XX nerve roots, disc pathology along with XX XX joint resulting in XX XX XX and abutting the exiting XX nerve roots. In such a context,

XX branch nerve block has not been proven in medical literature to be an effective treatment. Therefore, this request is not medically reasonable and necessary at this time."

A Notice of Appeal Adverse Determination dated XXXX indicated that the denial of XX XX joint XX was upheld as conservative care had not been attempted for the XX per MD's own note, so injections were premature. Also, a three-level XX joint XX was not supported by Official Disability Guidelines as that exceeded what it recommends. (Only two levels at any one time).

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

Based on the clinical information provided, the request for XX XX joint XX : XX – XX(s), diagnostic or therapeutic agent, paravertebral XX (XX) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), XX or XX; second level is not recommended as medically necessary. The initial request was non-certified noting that the injured worker noted tingling in the toes of both feet from time to time. Straight leg raise does not seem to cause XXXX pain. There is tenderness noted. MRI documents XX-XX 2.5 mm broad-based posterior disc protrusion and XX XX causing XX and abutting the XX traversing XX nerve roots, disc pathology along with XX XX joint resulting in XX and abutting the exiting XX nerve roots. In such a context, XX branch nerve block has not been proven in medical literature to be an effective treatment. Therefore, this request is not medically reasonable and necessary at this time. The denial was upheld on appeal noting that conservative care had not been attempted for the XX per MD's own note, so injections were premature. Also, a three-level XX joint XX was not supported by Official Disability Guidelines as that exceeded what it recommends. (Only two levels at any one time). There is insufficient information to support a change in determination, and the previous non-certification is upheld. Current evidence-based guidelines note that XX injections are limited to patients with XX XX pain that is non-radicular. This patient presents with radicular findings on physical examination. Additionally, there is no documentation of failure of conservative treatment for the XX XX. Therefore, medical necessity is not established in accordance with current evidence-based guidelines.

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
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- European Guidelines for Management of Chronic XX 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Appeal Information

You have the right to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.