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An Independent Review Organization

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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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

Pain Medicine

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an XX claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented as XX of XX of XX XX, initial encounter. The patient underwent an MRI of the XX XX on XXXX noted to reveal mild XX XX XX XX at XX-XX secondary to XX XX XX measuring XX XX; XX XX XX XX at XX XX the XX XX without XX. During the assessment on XXXX, the patient was evaluated for complaints of XX pain, XX XX pain and XX XX pain. XXXX rated XXXX pain a 4-6/10. The patient described the pain as tightening feeling, stiffness and constant. The patient reported that the pain was made better with hot baths and ice packs. The physical examination of the XX revealed decreased range of motion with XX, XX and looking to the XX and XX. XX tenderness was noted in the XX XX-XX and XX-XX region. There was XX XX pain in the XX XX and XX-XX levels with spasms. XX pain was noted with rotation, extension and flexion. There was pain with palpation and axial loading of the XX and XX XX. The treatment plan included

XX XX XX XX blocks at the XX-XX and XX-XX level, as well as XX XX XX XX at the XX XX-XX and XX-XX levels; and if successful, followed by XX XX.

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 XX XX XX blocks prior to XX XX for patients with pain that is XX-XX and no more than 2 levels XX, after documentation of failed conservative treatment with home exercise, physical therapy and nonsteroidal anti-inflammatory drugs prior to the procedure for at least 4-6 weeks. Clinical presentation should be consistent with XX XX pain, signs and symptoms. The patient was evaluated for complaints of XX pain, XX XX pain and XX XX pain. The physical examination revealed decreased range of motion with XX, extension and rotation. XX tenderness was noted in the XX XX-XX and XX-XX region. There was XX XX pain in the XX XX and XX-XX levels with XX. XX pain was noted with rotation, extension and flexion. There was pain with palpation and axial loading of the XX and XX XX. However, there was no clear indication that the patient had attempted/failed an appropriate course of recent nonoperative treatment at least 4-6 weeks prior to the requested procedure. Additionally, clarification is needed in regard to the rationale for requesting to XX XX blocks and to XX XX blocks to be performed concomitantly.

Given the information provided for review, the request for XX XX blocks XX-XX, XX-XX levels XX XX of the XX XX on the XX x1, XX XX blocks XX-XX, XX-XX levels XX XX block of the XX XX on the XX x1 is not medically necessary and the prior determination is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, XX blocks and Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, XX.