

P-IRO Inc.

Notice of Independent Review Decision

Case Number: XX

Date of Notice: 4/1/2019 5:32:24 PM CST

P-IRO Inc.

An Independent Review Organization

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IRO REVIEWER REPORT

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IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: XX XX nerve block; flurooscopic guidance, injection of XX XX, injection of XX XX, moderate sedation XX 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]: XX. XX XX is a XX-year-old XX who was injured on XX. XX reported that XX XX from a XX at XX. XX was diagnosed with pain in the XX XX (XX.XX) and XX and XX, unspecified (XX.XX). XX. XX was seen by XX / XX on XX for XX XX pain. Per the report, the pain was located in the XX and XX aspects and directly on the XX. It was described as sharp, stabbing, and shooting. XX. XX also reported numbness and tingling to the XX. The pain score was 6/10 at the time. The symptoms improved with XX, elevation, XX compression, and joint XX. They were exacerbated by standing, walking, lying, twisting, sitting, stooping, and climbing stairs. XX. XX reported that XX avoided XX due to increased XX pain and weightbearing. The pain was worse in the XX. XX was waking multiple times

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throughout the night and was not XX XX. On examination of the XX XX, there was XX XX over the XX and arthroscopic XX. XX test was positive. XX was weightbearing on the XX XX. Straight XX raise was positive on the XX at 30 degrees. There was audible XX and tenderness to the XX and XX aspects of the XX. The assessment included long-term (current) use of XX analgesic; other long-term (current) drug therapy; XX and XX, unspecified; pain in the XX XX; fear of injections and transfusions; and body mass index (BMI) of XX-XX, adult. A diagnostic XX XX nerve block was recommended to rule out a XX. An MRI of the XX XX was performed on XX. The study identified: XX pars defect at XX with XX-mm XX of XX over XX, disc XX of the XX XX XX, which was advanced at the XX-XX and mild at the XX-XX and XX-XX levels; narrowing of the neural XX at the XX XX-XX (mild), XX XX-XX (moderate to advanced), and at the XX XX-XX (moderate); and nerve root impingement at the XX exiting XX nerve roots at the XX-XX level. X-rays of the XX XX showed XX pars defect at XX with XX-mm XX of XX over XX; and advanced disc disease at XX-XX and mild at the XX-XX level. The treatment to date consisted of XX, elevation, XX compression and joint XX; medications (XX, XX, XX, XX) with minimal relief, XX therapy with minimal relief, three-component total XX arthroplasty with XX resurfacing (per MRI dated XX). A XX XX nerve block was recommended earlier but was denied. A utilization review was completed on XX. It recorded that the request for a XX XX nerve block, fluoroscopic guidance, injection XX XX and XX XX, and moderate sedation services for the XX XX was denied. Rationale: "Peer to peer was attempted but not established. Regarding the nerve block, the patient complained of XX XX pain. On examination, there was audible XX in the XX XX. There was also tenderness over the XX inferior and medial aspect of the XX. A straight XX raise was positive on the XX and the patient had a positive Tinel's in the XX XX. XX XX was present over the XX. There was also an inspection of a XX. The patient also has a XX of XX. Although the nerve block may be warranted due to the suspected XX, the guidelines state that anatomical guidance by an experienced clinician is generally adequate. So, the ultrasound guidance is not warranted. Consequently, the request as a whole is not supported. As such, the request for XX XX nerve block with fluoroscopic guidance for needle placement and twilight sedation is non-certified." Per a utilization review dated XX, the appeal for a XX XX nerve block, fluoroscopic guidance, injection XX XX and XX XX, and moderate sedation services for the XX XX was denied. Rationale: "A peer to peer discussion was unsuccessful despite calls to the doctor's office. Regarding the requested nerve block, this case had previously been denied as the patient had a suspected XX; however, XX guidance by an experienced clinician is generally adequate. As the patient had a XX of XX, XX sedation would be appropriate. There was a lack of additional information submitted in appeal to support the necessity for ultrasonic guidance. This case cannot be partially certified without peer to peer discussion and agreement. As such, the request for XX XX nerve block with fluoroscopic guidance for needle placement and XX sedation is noncertified."

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 nerve block; fluoroscopic guidance, injection of XX XX, injection of XX XX, moderate sedation XX XX. XX - Injection for nerve block, XX - Needle localization by x-ray, XX - Injection, XX XX, per XX mg, XX - Moderate sedation services provided by the same physician or other qualified health care professional, initial XX minutes of intra-service time, patient XX XX years or older is XX XX as medically necessary, and the previous denials are upheld. A utilization review was completed on XX. It recorded that the request for a XX XX nerve block, fluoroscopic guidance, injection XX XX and XX XX, and moderate sedation services for the XX XX was denied. Rationale: "Peer to peer was attempted but not established. Regarding the nerve block, the patient complained of XX XX pain. On examination, there was audible XX in the XX XX. There was also tenderness over the XX inferior and medial aspect of the XX. A straight XX raise was positive on the XX and the patient had a positive Tinel's in the XX XX. XX XX was present over the XX. There was also an inspection of a XX. The patient also has a fear of XX. Although the nerve block may be warranted due to the suspected XX, the guidelines state that anatomical guidance by an experienced clinician is generally adequate. So, the ultrasound guidance is not warranted. Consequently, the request as a whole is not supported. As such, the request for XX XX nerve block with fluoroscopic guidance for needle

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placement and twilight sedation is non-certified.” Per a utilization review dated XX, the appeal for a XX XX nerve block, fluoroscopic guidance, injection XX XX and XX XX, and moderate sedation services for the XX XX was denied. Rationale: “A peer to peer discussion was unsuccessful despite calls to the doctor's office. Regarding the requested nerve block, this case had previously been denied as the patient had a suspected XX; however, anatomical guidance by an experienced clinician is generally adequate. As the patient had a fear of XX, twilight sedation would be appropriate. There was a lack of additional information submitted in appeal to support the necessity for ultrasonic guidance. This case cannot be partially certified without peer to peer discussion and agreement. As such, the request for XX XX nerve block with fluoroscopic guidance for needle placement and XX sedation is noncertified.” There is insufficient information to support a change in determination, and the previous non-certification is upheld. No additional clinical information was provided to address the issues raised by the initial denials. Additionally, there is no documentation of any recent active treatment.

Given the documentation available, the requested service(s) is considered not medically necessary in accordance with current evidence based guidelines and therefore 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

Nerve block