

MEDRx

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DATE OF REVIEW: January 15, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

XX branch block XX, XX XX nerve root, XX nerve root, XX and XX.

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

The reviewer is a Medical Doctor who is board certified in orthopedic surgery.

REVIEW OUTCOME

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of: XX branch block XX, XX XX nerve root, XX nerve root, XX and XX.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XX-year-old XX who sustained an XX injury on XX. The mechanism of injury was described as XX, when XX felt a knot in XX XX XX back. Past medical history was positive for XX, XX, and XX. A review of records documented conservative treatment to include activity modification, medications, physical therapy, ice/heat, home exercise program, and XX XX steroid injection.

The XX XX XX x-ray impression documented mild XX XX XX XX.

The XX XX XX MRI impression documented mild XX and XX and to the XX at the XX level with compression of the XX nerve root on the XX at the XX level.

The XX initial orthopedic XX report cited complaints of pain in the XX XX radiating into the XX XX thigh with occasional pain extending XX. Pain was reported grade XX/10, exacerbated by anything. Pain was alleviated by medication. Pain was constant. XX was able to walk distances, but had pain all the time. Physical exam documented XX was able to stand up from sitting with no difficulty and walking without a limp. XX stood in good alignment in the XX and XX planes. There was no tenderness to palpation over the XX XX, but XX had increased pain with palpation over the XX XX XX XX on the XX. XX extremity XX exam documented XX/5 strength, intact sensation, and normal reflexes. XX had increased pain with FABER maneuver and thigh thrust on the XX. XX had increased XX pain but no leg pain with straight leg raise at XX degree on the XX. MRI of the XX XX was reviewed and demonstrated an essentially normal study. The XX described on the MRI report was very small and did not make the distribution of XX symptoms. The orthopedic XX surgeon did not think the patient had XX. XX might have XX XX (XX) XX XX. The treatment plan recommended return to the pain management physician for a XX XX joint injection.

The XX pain management report indicated that the patient was seen in follow-up for XX XX XX pain radiating toward the XX on the XX. Pain was rated grade XX/10 over the last week. XX had no benefit from an XX steroid injection on the XX at XX. It was noted that XX pain complaints were no longer consistent with XX complaints. It was suggested by another physician that XX might have XX joint pain. XX reported difficulty walking up and down inclines and steps. Current medications included XX, XX, XX, XX/XX, XX, and XX. Physical exam documented normal gait, and heel and toe walk without difficulty. XX XX exam documented trigger points over the XX XX, XX XX joint tenderness, and XX XX XX tenderness. XX active range of motion documented XX XX to floor and full extension. XX extremity neurologic exam documented normal sensation, XX/5 strength, and XX+ and symmetrical deep tendon reflexes. FABER, Gaenslen's, pelvic compression, and thigh thrust tests were XX on the XX. The XX XX was tender and XX XX test was positive on the XX. The diagnosis included XX XX XX displacement, XX sprain, XX XX pain, XX symptoms resolved post epidural steroid injection, and positive evidence of XX joint generated pain on physical exam. The treatment recommended XX branch blocks in anticipation of radiofrequency ablation of the XX XX primary XX and XX branches of XX, XX, and XX. A XX MRI was ordered.

The XX XX MRI impression documented small XX joint effusion, intact XX structures, moderate degree of XX XX, no avascular necrosis, and minimum XX of XX XX joints. The XX joints were patent without any evidence of stress fracture or sacroiliitis.

The XX peer review denied the appeal request for XX branch block XX, XX XX nerve root, XX nerve root, XX and XX. The rationale stated that although the patient had a history of chronic XX back and XX joint pain found subjectively and objectively, per the guidelines the request was still considered investigational.

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

The prospective request for XX branch block XX, XX XX nerve root, XX nerve root, XX & XX is not medically necessary. The denial is upheld. The Official Disability Guidelines state that XX is not recommended due to the lack of evidence supporting use of this technique. Current treatment remains investigational. More research is needed to refine the technique of XX joint

denervation, better assess long-term outcomes, and to determine what combination of variables can be used to improve candidate screening.

This patient presents with complaints of XX back pain radiating into the XX and XX XX extremity. Pain is reported with walking up or down inclines/stairs. Current physical exam findings documented a normal XX extremity XX exam, and positive XX XX joint tenderness and provocative testing. An orthopedic XX consult had recommended a XX XX joint injection. The pain management physician has requested XX branch blocks in anticipation of radiofrequency ablation of the XX XX primary XX and XX branches of XX, XX, and XX. A subsequent MRI documented no evidence of XX joint pathology. Although, there is subjective and clinical exam evidence of XX joint mediated pain, this is not corroborated by imaging. The Official Disability Guidelines do not recommend XX radiofrequency treatment and indicate that this treatment remains investigational. There is no compelling rationale presented or extenuating circumstances noted to support the medical necessity of this request as an exception to guidelines. Therefore, prospective request for XX branch block XX, XX XX nerve root, XX nerve root, XX & XX is not medically necessary, and 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
- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Hip and Pelvis
Sacroiliac radiofrequency neurotomy
Updated 12/18/18

- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**