Matriarch
CONSULTING SERVICES

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IRO REVIEWER REPORT

January 9, 2019
Date Amended: January 14, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX Injections XX XX with sedation XX-XX, XX-XX, and XX-XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a board-certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a XX-year-old XX who sustained XX on XX secondary to XX. The patient complained of XX pain and was diagnosed with XX XX sprain with partial XX XX from XX-XX. The patient has tried and failed treatment with NSAIDs, muscle relaxants, physical therapy x XX weeks, and TENS unit. The patient had partial relief with XX gel and heat/ice. The MRI of the XX XX dated XX revealed "multilevel XX of XX XX with XX or XX. No acute fracture. There is XX of the middle and distal aspects of the XX XX muscle with partial detachment from XX XX process insertions, consistent with subacute or XX."

The most recent clinic visit dated XX by XX revealed the patient continues to have difficulty with XX pain with difficulty performing activities such as turning, twisting, and lifting XX lbs exacerbated pain to XX XX. No improvement with PT or TENS unit. On physical exam, XX had XX pain with XX XX along XX from XX of XX to XX XX extending XX. The clinical findings consistent with XX pain from XX detachment, XX XX sided, positive XX loading

maneuver, and denied radicular pain and no dermatomal XX pain. The recommended diagnostic XX (XX) at XX, XX, and XX on XX side.

Previous adverse determinations done XX and XX as requested procedure exceeds the number of permitted levels to be addressed and the use of sedation is not supported by the guidelines.

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

According to ODG, the criteria for the use of diagnostic blocks for XX "mediated" pain require clinical presentation should be consistent with facet joint pain, signs & symptoms. Furthermore, ODG recommends no more than XX XX joint levels are injected in one session. In this case, the patient has clinical findings consistent with XX mediated pain including XX XX pain over the XX XX into the XX side, XX-sided facet tenderness, positive facet loading maneuver, and failure of a course of conservative treatments. However, ODG clearly recommends against use of diagnostic blocks for facet mediated pain at more than XX levels. The treating provider has requested injection at XX levels in this case with use of concurrent sedation. Furthermore, facet joint injection in the XX XX is not recommended as per ODG because of limited research on therapeutic blocks or neurotomies in this region and recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the XX region. Additionally, the ODG recommends IV sedation should be avoided and should be only used in cases of extreme XX, as these modalities confound the results of the injection. The records submitted showed no documentation of XX. The guidelines also state that XX should not be used during the procedure. Thus, the request for XX injections XX XX with sedation XX-XX XX-XX, and XX-XX is not medically necessary. As such, the previous adverse determination is upheld and the request is non-certified.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
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