IMedReviews
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DATE OF REVIEW: 3/12/2019

IRO CASE # XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

"XX XX blocks XX-XX, XX-XX XX XX side" for the patient.

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

D.O. Board Certified in Anesthesiology and Pain Management.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XX-year-old XX who was injured at work on XX. Presently, the patient is complaining of XX pain and XX XX pain. The patient did undergo conservative treatment that includes but is not limited to XX, XX, and pain medication. Also, the patient had XX therapy XX sessions with little improvement. An MRI was performed on XX with the conclusion of moderate central XX from XX-XX thru XX-XX. XX surface of the XX appears minimally contacted at XX-XX, XX-XX without XX XX compression or XX XX. No XX impingement at XX-XX as seen. No significant narrowing at XX-XX, XX-XX, or XX-XX noted. Multi-level XX XX worse at XX-XX on the XX. EMG performed XX and was negative. ESI performed on XX with no apparent relief or help. On XX physical exam, the patient continued to complain of XX pain and XX XX pain; exam showed decreased range of motion in the XX XX on flexion, extension, looking to the XX and looking to the XX. Positive XX tenderness was noted XX but more at XX-XX, XX-XX on the XX with associated XX XX extremity pain.

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

Per ODG references, the requested "XX XX blocks XX-XX, XX-XX XX XX side" is

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medically necessary. Patient's EMG was negative, conservative treatment was performed with no apparent relief, ESI was performed and provided no relief, MRI showed multiple XX XX, on physical exam patient had positive XX tenderness at XX-XX, XX-XX on the XX. Due to these findings, the XX XX blocks XX-XX, XX-XX XX XX side for this patient is certifiable.

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 KNOWLEDGE BASE
- ☐ 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
- ☐ 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