True Resolutions Inc.

Notice of Independent Review Decision

Case Number: XX Date of Notice: 3/18/2019 12:23:36 PM CST

True Resolutions Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #624
Mansfield, TX 76063
Phone: (512) 501-3856
Fax: (888) 415-9586
Email: manager@trueresolutionsiro.com

IRO REVIEWER REPORT

Date: 3/18/2019 12:23:36 PM CST

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance; 1 anesthesia using 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:

☐ Overturned	Disagree
☐ Partially Overturned	Agree in part/Disagree in part
☒ Upheld	Agree

PATIENT CLINICAL HISTORY [SUMMARY]: XX. XX XX is a XX-year-old XX who stated that on XX, XX had a XX-and-XX at work at the XX. XX XX on XX and XX, injuring the XX, XX XX, XX XX, and XX XX. At the time, XX was diagnosed with XX XX strain / sprain, XX XX strain, XX XX contusion, and XX XX contusion. The ongoing diagnoses were strain of muscle, XX, and tendon of XX XX; strain of XX XX; XX XX contusion; XX XX strain; and XX XX strain. XX. XX was evaluated by XX on XX for XX XX pain, that did not radiate. XX was able to stand, sit and walk for less than XX minutes. XX rated the pain 7-9/10 at the time. The pain was constant, stabbing, and throbbing type, and nothing helped. It was noted that XX facet blocks were denied in spite of meeting Official Disability Guidelines. On examination, the XX walking as well as XX walking were poor. Deep tendon reflexes were diminished in the XX XX. Straight XX raise was positive XX. Facet pain was noted on XX rotation / extension / flexion, palpation, and XX loading. There was pain in the XX facets at the XX-XX XX. The assessment was XX XX strain. The denial of facet blocks was to be appealed. It was noted XX. XX had a degree of XX about XX. XX understood that it was important to minimize sudden movement during the procedure. XX expressed a XX and / or a XX impediment to not having a degree of relaxation medication whilst the procedure with needles was being performed. Per American Society of Anesthesiologists' Guidelines, XX. XX was a candidate for MAC anesthesia. On XX, XX. XX was evaluated by XX for the complaints of XX XX pain. XX was able to sit, stand, and walk for less than XX minutes. XX rated the pain as 7-9/10 at the time. The pain was constant, throbbing type associated with numbness. XX and XX helped relieve the pain. Examination was unchanged since the prior visit. X-ray of the XX XX dated XX showed

mild degenerative disc disease at XX-XX. Minimal XX of XX on XX of XX mm was nonspecific. There was mild facet XX of the XX XX XX. An MRI of the XX XX dated XX revealed new findings of XX involving the XX XX-XX facet joint, when compared to the XX XX XX MRI. There were degenerative changes at XX-XX and XX-XX. Treatment to date consisted of medications (XX, XX, XX, XX, XX, XX, XX, XX XX XX, and XX) and restricted duty work status. XX was allergic to XX and XX. Per utilization review determination letter dated XX, the request for XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance; one anesthesia using XX XX was denied. Rationale: The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet XX, if XX is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet XX at the diagnosed levels. In this case, the claimant has XX XX pain of probable facet origin unresponsive to conservative therapy. MBB is medically necessary. Use of XX is not indicated. Therefore, the request for XX XX XX-XX XX XX medial branch block using XX XX and XX XX under fluoroscopic guidance between XX and XX is partially necessary as 1 XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance between XX and XX. While, XX XX XX-XX medial branch block using XX XX under fluoroscopic guidance between XX and XX is not medically necessary. However, as there was no peer discussion to support a modified determination, the entirety of request is non-certified. In this case, the claimant has XX XX pain of probable facet origin unresponsive to conservative therapy. The request does not indicate what particular procedure or method the term "anesthesia" is to be used. Additionally, this is not recommended under guideline criteria unless the claimant has XX XX to XX in which case there is no noted information the claimant has. As such, the request for 1 anesthesia is non-certified." An appeal review letter dated XX indicated that the reconsideration request was denied / non-certified. It appeared that the prior non-certification was appropriate at the time it was administered. There was no documentation provided that XX. XX had failed conservative care prior to the procedure for at least XX weeks, as it appeared from prior office visits with a XX on XX that XX. XX was awaiting XX therapy for treatment and was prescribed XX. Based on the aforementioned, the prospective for one XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance was non-certified. In regard to anesthesia, Official Disability Guideline did not provide specific criteria for its use. Guidelines generally stated that IV sedation might be ground to negate results of a diagnostic block and should only be used in cases of extreme XX. It appeared that the prior non-certification was appropriate. As the request for XX XX-XX XX XX medial branch block had been non-certified, the request for anesthesia was unnecessary. Therefore, the prospective request for one anesthesia using XX XX was non-certified.

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 XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance; one anesthesia using XX XX; XX - Injection(s), diagnostic or therapeutic agent, XX facet (XX) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), XX or XX; single level; XX - Fluoroscopic guidance and localization of needle or XX tip for XX or XX diagnostic or therapeutic injection procedures (epidural or XX) (List separately in addition to code for primary procedure); XX - Injection, XX XX, per XX mg; XX - Injection, XX XX, not otherwise specified, XX mg; XX - Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position is not recommended as medically necessary, and the previous denials are upheld. Per utilization review determination letter dated XX, the request for XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance; one anesthesia using XX XX was denied. Rationale: The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet XX, if XX is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet XX at the diagnosed levels. In this case, the claimant has XX XX pain of probable facet origin unresponsive to conservative therapy. MBB is medically necessary. Use of XX is not indicated. Therefore, the request for 1 XX XX-XX XX XX medial branch block using XX XX and XX XX under fluoroscopic guidance between XX and XX is

partially necessary as 1 XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance between XX and XX. While, 1 XX XX-XX medial branch block using XX XX under fluoroscopic guidance between XX and XX is not medically necessary. However, as there was no peer discussion to support a modified determination, the entirety of request is non-certified. In this case, the claimant has XX XX pain of probable facet origin unresponsive to conservative therapy. The request does not indicate what particular procedure or method the term "anesthesia" is to be used. Additionally, this is not recommended under guideline criteria unless the claimant has XX XX to XX in which case there is no noted information the claimant has. As such, the request for 1 anesthesia is non-certified." An appeal review letter dated XX indicated that the reconsideration request was denied / non-certified. It appeared that the prior non-certification was appropriate at the time it was administered. There was no documentation provided that XX. XX had failed conservative care prior to the procedure for at least XX weeks, as it appeared from prior office visits with a XX on XX that XX. XX was awaiting XX therapy for treatment and was prescribed XX. Based on the aforementioned, the prospective for one XX XX-XX XX XX medial branch block using XX XX under fluoroscopic guidance was non-certified. In regard to anesthesia, Official Disability Guideline did not provide specific criteria for its use. Guidelines generally stated that IV sedation might be ground to negate results of a diagnostic block and should only be used in cases of extreme XX. It appeared that the prior non-certification was appropriate. As the request for XX XX-XX XX XX medial branch block had been non-certified, the request for anesthesia was unnecessary. Therefore, the prospective request for one anesthesia using XX XX was non-certified. There is insufficient information to support a change in determination, and the previous non-certifications are upheld. Current evidence based guidelines require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least XX weeks. There are no serial XX therapy records submitted for review with documentation of the number of sessions completed to date and the patient's response. Guidelines note that the requested procedure is limited to patients with XX XX pain that is non-radicular. The patient's physical examination documents positive straight XX raising.

Therefore, medical necessity is not established in accordance with current evidence based guidelines and the decision 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