

MAXIMUS Federal Services, Inc.
807 S. Jackson Road., Suite B
Pharr, TX 78577
Tel: 956-588-2900 ♦ Fax: 1-877-380-6702

Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: 04/23/19

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Authorization and coverage for medial nerve branch block XX. XX/XX - XX/XX with I/V.

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

M.D., Board Certified in anesthesiology with a sub-specialty in pain medicine.

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)

I have determined that the requested is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

A XX-year-old XX patient has requested authorization and coverage for diagnostic medial branch blocks Rt. XX/5 - XX/XX with intravenous sedation.

The patient was injured on XX and since then has had severe pain. The patient denies having had any low XX surgery. XX is currently undergoing XX therapy, which XX states has been helping XX with the pain. The patient's pain continues to adversely affect XX activities of daily living.

The patient states XX is not able to stand or walk for more than XX minutes without experiencing severe XX XX pain. The pain is characterized as sharp, aching, pain that radiates to XX XX and weakness to XX XX XX. The pain is aggravated by standing, walking, and XX activity. The patient is relieved by rest and taking medications.

The MRI shows XX XX XX XX on the XX. There is also facet XX at one level. The patient has positive XX exam findings of XX.

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

This patient has clear XX symptoms and clear evidence on MRI of XX XX discs, yet the physicians want to perform diagnostic medial branch blocks. The ODG criteria for XX pain, addresses the utilization of diagnostic medial branch blocks and does not allow for blocks when there is clear XX pain.

The documented XX exam does not support the diagnosis of facet joint disease since there is no documentation of extension/ rotation pain and no positive facet loading tests. Additionally, the standard of care is not to provide intravenous sedation as the drugs may interfere with the correct interpretation of the diagnostic blocks.

Therefore, I have determined the requested is not medically necessary for treatment of the patient's medical condition.

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 XX 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 (PROVIDE A DESCRIPTION)**