

P-IRO Inc.

An Independent Review Organization

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DATE OF REVIEW:

APRIL 3, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Under dispute is the medical necessity of medial branch radiofrequency rhizotomies at bilateral L3, 4, 5, and S1.

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

MD Specializing in 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Medical Records from Requestor and Treating Doctor, including operative reports 5/1/03, 7/8/04 and 11/3/05, peer reviews, treating physician's notes dated 5/16/03 through 2/13/07, and carrier correspondence.

PATIENT CLINICAL HISTORY [SUMMARY]:

Mr. sustained a low back injury. He subsequently underwent medial branch radiofrequency rhizotomies intermittently with resulting pain relief. He also had epidural steroid injections during part of his treatment course. As well, he has been managed with prescription medications.

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

This Patient had good relief of his low back pain with treatment by radiofrequency rhizotomies of the above identified medial branches. The epidural steroid injections he had were given for pain which radiated into the lower extremity. Previous peer review notation of pain relief lasting from only 11-05 through 2-06 is apparently a statement referring to two different pains. In 4-06, Mr. reported back pain only after overactivity, bending, sitting/standing. This relief had faded by 8-06 with normal activities producing significant pain. This interval of relief for a period of about 8-9 months is an acceptable and reasonable result for the medial branch rhizotomy treatments. These treatments are now appropriate and should be authorized and covered by the carrier.

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
- 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)**