

**C-IRO, Inc.**  
**An Independent Review Organization**  
7301 Ranch Rd. 620 N, Suite 155-199  
Austin, TX 78726

Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 17, 2007**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Radiofrequency neurotomy bilaterally at L4/L5 and L5/S1 as well as epidural steroid injection on the right at L5/S1.

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

M.D., neurologist and fellowship trained pain specialist, board certified in Neurology and 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Handwritten letter "To IRO" from the patient, undated
2. Adverse Determination Letters, 10/18/07, 10/10/07
3. ODG-TWC Low Back Procedure Summary
4. Denial Notes, 10/18/07 by Dr.
5. Denial Notes, 10/10/07 by Dr.
6. Progress notes by Dr., 08/31/07
7. Preauthorization Log, 10/12/07
8. MD, 5/28/05

9. MD, 7/8/05, 8/5/05, 9/2/05, 9/30/05
10. DO, 11/29/05, 12/8/05, 12/28/05, 1/26/06, 4/4/06, 5/4/06, 6/6/06, 7/5/06, 7/31/06, 8/31/06, 10/30/06, 11/30/06, 12/28/06, 1/23/07, 2/20/07, 4/3/07, 5/3/07, 6/6/07, 7/10/07, 7/23/07, 8/29/07, 9/27/07
11. Lumbar Spine MRIs, 11/22/99, 5/14/03
12. D.O., 5/19/03, 7/30/03
13. Bone Scan, 6/7/04

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant sustained a work-related injury several years ago with chronic spine pain. She reportedly has responded well to “neurotomies,” presumably of the medial branch nerves innervating the facet joints in the lower lumbar spine. She was apparently doing satisfactorily until approximately June 2007 when she noted increasing pain in her lower back with radiation down the entire length of the right leg going into the heel, as well as tingling in the area. Symptoms have progressively worsened, causing weakness in the right leg and causing her to fall on at least one occasion, resulting in some impact to her head and landing on her buttocks. She has also had recent complaints of urgency and frequency of urination and has worsening of her pain with at least one episode of bladder incontinence, though she reports no bowel incontinence. The pain is described as “strong, sharp, shooting, stabbing, and miserable.” It is made worse by coughing, lifting, straining, bending, walking, turning, and standing. Because of her response to the radiofrequency “neurotomy” procedure of the facet joints in the past, an updated request was submitted due to her recent worsening of pain in addition to a right-sided epidural steroid injection in the lumbar spine as well as EMG/NCV studies and perhaps a urology consultation for her bladder symptoms.

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

The reviewer agrees with the previous reviewers that there is no sufficient evidence submitted to suggest that a radiofrequency neurolysis of the lower lumbar facet joints will help with the claimant’s current symptomatology. Indeed, her current symptomatology appears to be more radicular and may consist of troublesome and more advanced condition due to the reported weakness in the leg as well as possibly some bladder symptomatology. It is unclear to this reviewer whether an updated MRI scan of the lumbar spine has been performed to rule out any significant lumbar stenosis/compression. Due to the concern of adding to potential compression of the nerve roots, the reviewer also agrees that the requested epidural steroid injection would not be expected to help with symptomatology that has advanced to this degree, again causing weakness in the leg and possibly bladder involvement.

In summary, the reviewer finds that radiofrequency neurotomy bilaterally at L4/L5 and L5/S1 as well as epidural steroid injection on the right at L5/S1 are not medically necessary procedures for this patient.

**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)