

**SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.**  
**7502 GREENVILLE AVENUE**  
**SUITE 600**  
**DALLAS, TEXAS 75231**  
**(214) 750-6110**  
**FAX (214) 750-5825**

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**DATE OF REVIEW:** October 30, 2007

**IRO CASE #:**

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

Bilateral L3-S1 radiofrequency thermocoagulation (CPT code 64622, 64623)

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

Diplomate, American Board of Anesthesiology; Diplomate, American Academy of 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Medical records from the Carrier include:

- , 05/28/02
- Pharmacy, 06/13/02, 07/29/02, 08/07/02, 08/19/02, 09/06/02, 09/30/02, 10/21/02, 11/11/02
- M.D., 07/02/04, 09/03/04, 11/15/04, 12/13/04, 01/13/05, 02/14/05, 03/21/05, 04/18/05, 05/16/05, 06/27/05, 08/01/05, 09/09/05, 10/10/05, 11/02/05, 12/08/05, 01/09/06, 02/06/05, 03/06/06, 04/03/06, 05/23/06

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- , 01/09/05,  
01/23/05, 02/13/05, 02/27/05, 03/27/05, 04/03/05, 05/01/05, 05/29/05, 06/12/05,  
06/26/05, 07/10/05, 07/24/05, 09/04/05, 09/18/05, 10/09/05, 10/23/05, 11/13/05,  
11/27/05, 12/18/05, 01/01/06, 01/22/06, 02/19/06, 03/19/06, 04/30/06, 05/07/06,  
05/22/06, 06/04/06, 06/18/06, 07/09/06, 07/23/06, 08/20/06, 08/27/06, 09/03/06,  
10/01/06, 10/08/06, 10/22/06, 11/05/06, 11/26/06, 12/03/06, 12/10/06, 12/17/06, 12/3/06,  
01/07/07, 01/14/07, 01/28/07, 02/04/07, 02/11/07, 02/25/07, 03/04/07, 03/11/07,  
03/18/07, 03/28/07, 04/29/07, 05/16/07, 05/30/07, 06/17/07, 07/05/07, 07/18/07,  
07/31/07, 08/15/07, 08/29/07
- MRI, LLC, M.D., 12/29/05
- Company, 12/29/05
- , M.D., 02/14/06, 02/15/06, 03/03/06, 03/07/06, 04/07/06, 05/22/06,  
07/10/06, 07/21/06, 11/06/06, 02/05/07, 05/07/07, 06/25/07
- M.D., 02/14/06
- M.D., 11/06/06, 02/26/07
- M.D., 03/01/06
- Ltd., 03/06/06
- LVN, 04/04/06, 07/20/06
- , M.D., 04/04/06, 04/06/06, 04/09/06,
- , M.D., 04/04/06, 04/06/06, 04/07/06, 04/08/06, 04/11/06, 04/13/06,  
08/03/06, 02/26/07, 06/04/07, 06/04/07, 06/25/07
- , M.D., 04/06/06
- , M.D., 04/09/06
- , Rehabilitation Services/Occupational Therapy Discharge, 04/08/06
- , 04/10/06, 08/22/06
- Skilled Nursing, 04/10/06, 04/21/06, 04/25/06, 05/03/06, 05/09/06, 05/16/06, 05/25/06,  
05/30/06, 08/22/06, 08/23/06, 08/24/06, 08/28/06, 08/30/06
- Physical Therapy Evaluation, 04/17/06, 04/19/06, 04/25/06, 04/27/06, 04/28/06,  
05/02/06, 05/04/06, 05/05/06, 05/11/06, 05/12/06
- M.D., 05/22/06
- , M.D., 07/10/06
- Company, 08/17/06, 10/18/07
- P.T., P.T., 10/04/06, 10/10/06, 10/11/06, 10/13/06, 10/16/06, 10/17/06, 10/19/06,  
10/23/06, 10/24/06, 10/26/06, 10/30/06, 10/31/06, 05/17/07, 05/18/07, 05/22/07,  
05/23/07, 05/25/07, 05/29/07, 05/31/07, 06/01/07, 06/04/07, 06/05/07, 06/06/07,  
06/08/07, 06/12/07, 06/15/07, 06/19/07, 06/28/07, 06/22/07, 06/26/07
- M.D., 11/14/06
- M.D., 02/26/07
- M.D., 04/06/07, 04/19/07, 06/25/07, 07/03/07, 07/17/07, 08/21/07
- M.D., 06/25/07

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- P.T., 05/14/07
- M.D., 06/04/07

Medical records from the URA include:

- Official Disability Guidelines, 2007
- MRI, LLC, M.D., 12/29/05
- Neurosurgical M.D., 02/26/07
- M.D., 07/17/07, 08/21/07
- 08/22/07, 08/27/07, 08/30/07, 09/06/07

Medical records from the Requestor include:

- MRI, LLC, M.D., 12/29/05
- M.D., 04/06/07, 04/19/07, 06/25/07, 07/03/07, 07/17/07, 08/07/07, 08/21/07, 10/15/07

### **PATIENT CLINICAL HISTORY:**

This is a male who sustained a work related injury involving the lumbar spine. The mechanism of injury is not documented.

At the time of the injury, the patient reported low back pain with bilateral hip pain and radiation into the right lower extremity down to the foot and left lower extremity down to the knee.

Subsequent to this injury, the patient underwent conservative treatment and eventually required a lumbar laminectomy at the L2 and L3 levels (date not specified/levels not specified).

In February of 2007, the patient complained of left-sided low back pain with radiation to the left buttock, left hip, left groin, left posterior thigh/medial thigh, and left posterior lower extremity. The patient described his pain as constant, severe, sharp, and stabbing. The patient rated his pain on a visual analog scale of 4-5/10. The aggravating factors included walking and standing. This follow-up visit generated a lumbar MRI which was performed on February 26, 2007, revealing at the L3-4 level a left posterior lateral disc protrusion which could impinge the L3 nerve root (clinical correlation recommended). This did not appear to have significantly progressed when compared to the previous MRI performed on November 14, 2006; lumbar scoliosis which is concave to the left, extensive degenerative disc changes are seen at the L2-3 region with lateral disc bulge – the left L2-3 neural foramina is narrowed, which could be a source of root impingement; at the L4-5 level both neural foramen are narrowed, which could be sources of root impingement, this may have slightly progressed when compared to the previous MRI on November 14, 2006, and mild bony spinal canal stenosis at L4-5 with lumbar laminectomies identified at the L2-3 level.

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From the submitted followup note dated April 6, 2007, the requesting provider M.D., diagnosed the patient with lumbar radiculopathy and requested left L3 and L4 transforaminal neuroplasty procedures.

This was performed on April 19, 2007, with a followup visit on June 25, 2007 reportedly revealing that the patient had good relief from the injection, but the patient's current VAS score remained the same at 6/10. His current medication management remained the same consisting of Cyclobenzaprine 10 mg one p.o. t.i.d. At this visit, Dr. felt the patient's low back pain now to be from facet arthropathy and recommended proceeding with bilateral L3-S1 facet median nerve blocks.

This requested procedure was performed on July 3, 2007. Of note, it is not known whether this procedure was authorized via peer review or not. A review of the procedure summary revealed at each level of the facet joint was injected with two cubic centimeters of a mixture of local anesthetic and a 160 mg of Depo Medrol bilaterally (a total of six levels).

A followup visit on July 17, 2007 reported the patient's current pain level at a 5.5 with pain medication; the patient reported 50% pain relief following the injection (duration of pain relief not reported). The objective findings from a clinical examination revealed pain elicited over the left and right lumbar paraspinal muscles and facets tender to palpation bilaterally at the L1-2 and L2-3 levels; range of motion was limited with extension.

The last submitted documentation for review is a followup note from August 7, 2007, which reports that the patient in addition underwent bilateral L1-2 and L2-3 facet median nerve blocks. As before, it is not known whether these blocks were authorized via peer review.

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

After a review of the information submitted, the previous non-authorization for radiofrequency ablation to the bilateral L3-S1 levels of the medial branch nerves is upheld. The requesting provider has not performed an appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. Given the lack of clinical information, the medial necessity of the request could not be established.

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**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)**  
Practice Guidelines, 1<sup>st</sup> Edition (2004), Spinal Diagnostic and Treatment Procedures ISIS, Edited by M. Bogduk, M.D.