



Amended October 19, 2007

REVIEWER'S REPORT

DATE OF REVIEW: 10/16/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:

Lumbar left rhizotomy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., board certified in Physical Medicine and Rehabilitation as well as Pain Management

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. I reviewed a history and physical examination form completed on 02/07/03 by Dr..
2. I reviewed a discharge note of 06/01/03. He had an L4/L5 decompression laminectomy with foraminotomy and medial facetectomy and discectomy at that time.
3. I reviewed the actual operative report of Dr. from that hospital stay.
4. I reviewed a report from Dr. dated 12/28/06. Reference is made to a work injury when he hurt his lower back when loading buns onto a truck. He had bulging at the L4/L5 level with lateral bulges at L2/L3, L3/L4, and significant facet arthritis at L5/S1. He had conservative management and went on to have the aforementioned spine surgery and was given a 5% impairment rating on 05/22/03. The injured employee underwent bilateral L4/L5, L5/S1 medial branch blocks on 02/17/05 with improvement. He then went on to have radiofrequency ablation with improvement. The pain returned in a couple of months after the rhizotomy.

5. I reviewed a 05/22/07 from Dr.. He indicated that he would recommend considering a repeat rhizotomy since his last rhizotomy was two years previously. He also discussed with him a dorsal column stimulator or a pain pump. On 05/31/07 discussion was made by Dr. again recommending a right-sided facet rhizotomy. He indicated that he would undergo a left-sided lumbar facet rhizotomy three weeks later. On that date he indicated the claimant had a pain score that dropped to 1/10 following his right-sided facet rhizotomy, but the left side was still causing him pain. He rated the pain as 6/10.
6. I reviewed a letter dated from Dr. dated 08/08/07.
7. I reviewed an 08/21/07 note from Dr. He again recommended a left-sided lumbar facet rhizotomy. He indicated that since the injured employee only has one kidney, he wishes to minimize oral medications.
8. I reviewed a report from Dr. dated 09/24/07.

ODG Guidelines were presented for review.

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

The injured employee is a male who injured his lower back at work. He went on to have an L4/L5 laminectomy with facetectomies. He went on to have ongoing post laminectomy syndrome, which responded well to facet blocks and facet rhizotomy a couple of years ago. More recently he had right-sided lumbar facet rhizotomies with excellent pain relief, and now left-sided lumbar facet rhizotomies have been proposed. He has only one kidney.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT DECISION:

The injured employee has limitations in his therapeutic options at this time. He has responded favorably to the right-sided rhizotomies in the past, and the left-sided lumbar facet rhizotomy has now been proposed given his good result from the right-sided rhizotomy three weeks ago. According to the Occupational Disability Guidelines, the definitive recommendation for facet rhizotomies is in question due to some conflicting medical literature. A closer analysis of the medical literature would suggest that some of the problems with the previous studies have been with documentation of appropriate placement of the needle. An excellent study was published by Dr. in October 1998 referencing some of the problems contained in some of the various studies that have been reviewed. It has been my experience that in a properly selected patient population in the hands of an experienced interventionist, significant pain reduction can be achieved with facet blocks and subsequent facet rhizotomies. This particular injured employee has a track record of resolution or at least significant improvement with both facet blocks and facet rhizotomies. Given his limited options, I believe pursuing the facet rhizotomy on the left side is reasonable. Although the medical literature is not 100% definitive to make such a recommendation, the experience in this particular injured employee as well as the experience that I have had in my own practice suggests that this is a reasonable course of action to pursue at this point in time.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR DECISION:

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)