



## IMED, INC.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** 09/03/07

**IRO CASE NO.:**

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

Items in Dispute: Radiofrequency ablation on median branch nerves to include 01905, 76006.

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

Texas License  
Board Certified in Pain Management  
Board Certified in Anesthesiology  
Board Certified in Physical Medicine & Rehabilitation

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. 08/16/06 –Imaging MRIs.
2. 08/16/06 thru 06/12/07 –Anesthesia & Pain Management.
3. 10/23/06 – Rehabilitative Medicine Associates.
4. 08/20/07 –Solutions.

**INJURED EMPLOYEE CLINICAL HISTORY (SUMMARY):**

A cervical MRI dated 08/16/06 indicated a small left disc bulge at C4-C5. There was also a disc bulge at L4-L5 and L5-S1.

There was an examination performed by Dr. dated 08/28/06 with an impression of cervical facet dysfunction, functional thoracic outlet syndrome, and occipital neuralgia. Multiple cervical medial branch blocks were recommended.

A Required Medical Evaluation (RME) by Dr. dated 10/23/06 summarized that the employee was carrying a tray of dough when she slipped and fell onto her left side with mid and lower back pain, cervical pain, left shoulder pain, and leg pain. The impression was left arm and hip strain and multiple strains. The belief was that the MRI findings were preexisting.

The cervical medial branch blocks were subsequently denied, were resubmitted and approved, and a left C4-C5, C5-C6, C6-C7, and C7-T1 intra-articular facet joint block was performed on 12/14/06. The employee received eight hours of relief. This despite anesthetic and steroid.

The employee then underwent medial branch blocks. Five blocks were performed at one time on 01/25/07 by Dr. There was apparently complete relief of neck pain, yet with persistent headaches.

An occipital nerve block was performed on 02/16/07.

Follow-up on 04/20/07, 05/18/07, and 06/12/07 indicated the employee had unequivocal pain relief lasting three days following a diagnostic left lumbar facet injection, as well as an SI joint injection. Confirmatory medial branch blocks were then recommended. Radiofrequency of the SI joint and facet joints were then recommended. The request was for radiofrequency ablation of the median branch nerves at L3-S3.

There were no additional records available for review.

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

The employee appears to have had a reasonable workup for facet pain. This is essentially involving the lumbar spine at this time. The employee has undergone a facet block with reasonable relief, and apparently medial branch blocks were performed. What is not known is what procedure was actually performed. Was this a medial branch block with nothing but local anesthetic, and if so what type? There is a reasonable degree of probability that the facet joints are indeed the pain generator if the amount of analgesia corresponds to the type of local anesthetic utilized. For example, Lidocaine and Bupivacaine at specific concentrations have different durations of effect. The use of steroid might actually prolong this effect but would not be a specifically sensitive. Therefore, I cannot state that this employee responded to a placebo or to a directly local anesthetic. Therefore, based on the *Official Disability Guidelines*, the current documentation provided does not support radiofrequency ablation. It should also be stated that multiple levels of radiofrequency ablation at one time does not lend itself toward a specific diagnostic treatment algorithm. It is common to ablate only specific joints at a time and certainly not multiple joints including the SI joint at once. Furthermore, the multiple injections for diagnostic purposes does not lend itself toward a specific diagnosis. Reasonable treatment algorithm would involve blocking only certain joints to eliminate as many joints as possible and focus exclusively on the true pain generators.

If the IMED's decision is contrary to: (1) the DWC's policies or guidelines adopted under Labor Code §413.011, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of non-network health care or (2) the networks treatment guidelines, IMED must indicate in the decision the specific basis for its divergence in the review of medical necessity of network health care.

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

**A. *Official Disability Guidelines***