# IRO Express Inc.

**An Independent Review Organization**
**835 E. Lamar Blvd. #394**
**Arlington, TX 76011**
**Fax: 817-549-0310**

Notice of Independent Review Decision

**DATE OF REVIEW:** 04/06/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
Destruction by neurolytic agent, paravertebral facet joint nerve, lumbar or sacral nerve.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

**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)

**PATIENT CLINICAL HISTORY [SUMMARY]:**
This patient was injured on the job on xx/xx/xx. Per the office visit note dated
02/19/08, the patient is suffering from "lower back pain which radiates down both legs to both feet." The patient received a bilateral L4 through S1 medial branch radiofrequency nerve ablation at the end of October 2007. On the office visit note from 10/15/07 prior to the radiofrequency nerve ablation, the patient reported that the lowest pain level experienced by the patient was 6/10 and the highest was 9/10. On the office visit note dated 11/15/07 which was approximately two weeks after the bilateral L4 through S1 medial branch radiofrequency nerve ablations were performed, the patient again reported that the lowest pain level was a 6/10 and the highest pain level was a 9/10. These numbers do not correlate with the patient's report of "80% improvement." There is no mention of any increase in function or decrease in medications. The

patient also notes on 12/19/07 that she "has pain all the time." This would be approximately six weeks after the original radiofrequency nerve ablation was performed.

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

Per the *Official Disability Guidelines*, facet joint blocks in general are not indicated if the patient has radicular symptoms. Therefore, one must wonder if the pain that has returned in this patient is facet mediated pain. It sounds as though it is not given that patients with facet joint pain typically do not have radicular symptoms. The patient did not receive any significant, long term pain relief after the last radiofrequency nerve ablation. The reports which are summarized above do not correlate with the discussion of "80% pain relief." It seems as though the patient's VAS scores stayed exactly the same both before and after the radiofrequency nerve ablations were performed. In addition, there was no talk about any increase in function or any decrease in medications. Therefore, this procedure is not indicated at this time.

**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)**