

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 4/15/2008  
**IRO CASE #:**

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

Right lumbar facet rhizotomy L4-S1

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from New England College of Osteopathic Medicine and completed training in Anesthesiology at University of Medicine and Dentistry of New Jersey. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Anesthesiology and Pain Management since 4/23/1993.

**REVIEW OUTCOME:**

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

Right lumbar facet rhizotomy L4-S1 Upheld

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This employee is a male who was injured at work. It was noted that he has chronic cervical and lumbar spine pain after two separate work related accidents. He has undergone epidural steroid injections (cervical) with benefit, right lumbar facet denervation in 12/2005 and left in 2/2006. MRI from 2/2005 showed L2-3 facet hypertrophy, L4-5 diffuse disc bulge, and L5-S1 central protrusion.

At this time, the request for right lumbar facet rhizotomy L4-S1 is under review for medical necessity.

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

The request is deemed not medically necessary for a few different reasons. First, the note of 6/2006 after RF states it provided "some relief". This is not quantified. Second, the same note states a neurosurgeon wants a discogram for possible surgery. Facet procedures, per ODG, are contraindicated if surgery is expected. Third, the last RF 2 years ago was done at 4 levels bilaterally so the doctor has no way of knowing if the 2 levels he is now requesting to RF will have any impact on this injured employee. Without diagnostic blocks here, the RF is not appropriate. Therefore, the previous denial is upheld.

**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  
**X** 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)