

Notice of Independent Review Decision

REVIEWER'S REPORT

DATE OF REVIEW: 08/21/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient bilateral facet injections/chemical rhizotomy at L3/L4 and L4/L5.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

D.O., fellowship-trained in Pain Management, Board Certified in Anesthesiology with Certificate of Added Qualifications in Pain Medicine, over 20 years of active clinical experience and is in the current practice of pain management

REVIEW OUTCOME:

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
721.3	646.22	NA	Prosp.						Upheld
721.3	646.23	NA	Prosp.						Upheld

INFORMATION PROVIDED FOR REVIEW:

1. TDI case assignment
2. Letters of denial 07/10 and 07/16/2008, including criteria for denial (ODG)
3. Treating doctor's follow up visits and other documentation of treatment 03/04/08 – 07/08/08

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This claimant was injured on xx/xx/xx. No mechanism of injury was provided. The claimant apparently underwent right knee replacement sometime in xxxx and an L5/S1 posterior interbody fusion in 2001. She was seen by the treating doctor on 03/04/08 who indicated she had previously undergone facet injections and trigger point injections "in the past with good results." No mention was made of exactly when the injections were performed or what degree or duration or relief they provided. Physical examination documented tenderness in the lower lumbar area with "facet signs remaining very positive." Neurologic exam was entirely normal.

On 05/30/08 the claimant was still complaining of lumbar pain. The treating doctor noted that the claimant had undergone facet injections/rhizotomy on 01/26/07, providing 60% to 80% relief. Again, no mention was made of exactly how long the claimant had obtained relief for. Physical examination again documented only tenderness in the lower back with “facet signs very positive.” Neurologic exam was entirely normal. Bilateral L4/L5 and L5/S1 lumbar facet injections was recommended.

On 06/05/08 the treating doctor amended his request to bilateral lumbar facet blocks at L3/L4 and L4/L5. Two separate physician advisers reviewed the request. According to their reviews, the procedure requested was “outpatient bilateral facet injection/chemical rhizotomy at L3/L4 and L4/L5. Both reviewers recommended nonauthorization of the request independently.

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

According to ODG Treatment Guidelines, there is no support for performing the requested “chemical rhizotomy” of the lumbar facet joints. ODG Treatment Guidelines list the procedure as “not recommended” and “considered experimental.” Therefore, the request for chemical rhizotomy is clearly not medically reasonable or necessary based upon ODG Treatment Guidelines.

There is no medical reason or necessity for the requested outpatient bilateral facet injection/chemical rhizotomy at L3/L4 and L4/L5, nor any support in ODG Treatment Guidelines or nationally-accepted medical standards for this procedure.

DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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.)