

Notice of Independent Review Decision

DATE OF REVIEW: 8/12/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L2-L5 facet injections with chemical
rhizotomy

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended Boston University before graduating from Emory School of Medicine in Atlanta, Georgia. This reviewer did their residency in neurosurgery and a fellowship in pediatric neurosurgery at the Children's National Medical Center in Washington, DC. This reviewer has had numerous publications and is an active member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. This reviewer is a licensed medical doctor in five states.

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) L2-L5 facet injections with chemical rhizotomy Upheld

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This injured employee is a xx year old male who presented with lumbosacral spondylosis without myelopathy. He was status post L5-S1 Posterior Lumbar Interbody Fusion in 1998. He has complaints of increasing back pain that radiates down both his legs, with the pain greater in the left leg than the right. He has occasional numbness in his toes. Electrophysiologic studies on 03/20/2007 were negative for radiculopathy. Neurological examination reveals absent reflexes on the left of the ankle and knee. There is hypesthesia in the medial and plantar surface of the left foot. His lumbar facet signs are positive. Flexion and extension lumbar films on 04/17/2008 revealed no movement at L5-S1. At L4-L5 there is mild retrolisthesis of L4 on L5 on extension, which reduces in flexion. He had undergone bilateral lumbar facet injections in the past (12/2007). He had 50% pain relief for 15 days.

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

The request is not medically necessary for the following reasons. Firstly, this is a chemical rhizotomy, which is not recommended by the ODG (only a radiofrequency rhizotomy is recommended). Secondly, the prior documented response revealed 50% pain relief for 15 days. According to ODG, there should be 50% pain relief for a minimum of 12 weeks after a rhizotomy. And lastly, the rhizotomies should not be performed at more than two levels; this is a three level request: L2-L3, L3-L4, and L4-L5. So for these reasons, the requested procedure is not medically necessary and 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)