An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: July 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral C-Facet Radiofrequency Rhizotomy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 5/23/08 and 6/4/08
Medical Records from Dr. n: 9/6/07, 10/11/07, 10/23/07, and 5/12/07
MRI's 9/30/05
CT Scan 10/17/05
9/4/07
Unknown Doctor 8/23/07 and 5/31/07

PATIENT CLINICAL HISTORY [SUMMARY]:
This xxx year old lady reportedly developed neck and shoulder pain following a rough ride in an ambulance in xxxx. She denied any prior neck injuries, but her designated

doctor, Dr. saw her on 9/24/07. He noted a 2001 cervical MRI and response to treatment that she adamantly denied. Causing some confusion is Dr. 's comments that she had cervical radiofrequency rhiztomomy in December 2007, 3 months after the date he saw her. He related 5 months of relief.

She was examined in October 2007 for neck and shoulder pain. . She also has chronic back pain. She had loss of cervical lordosis and ongoing neck and shoulder pain
The cervical MRI was from 9/30/05. It showed a slight posterior disc protrusion at C3-4 and C5-6 with minimal spondylosis at C3-4, C4-5 and C5-6. There was no disc herniation. There was minimal spondylosis at C3-4, C4-5, C5-6. A CT scan in 10/05 showed a central posterior protrusion at C6-7 and bulges from C3-4 to C6-7.
She had a pacemaker inserted in 2005 limiting any further MRIS.

She had multiple facet blocks at bilateral at C2-3 and C3-4 and Right sided C4-5 and C5-6 blocks on 10/11/75. The follow up note on 10/23/07 reported her symptoms were relieved up to 75%, but her pain medication use had not improved. This was a nerve block and not a radiofrequency rhizotomy.

She was next seen on 5/12/05. This suggested 6 months of relief. She was having posterior scalp and neck pain. She had a recent MVA. The Reviewer can not tell if this contributed to her neck pain. She is on Percocet and Neurotonin. The examination showed local cervical tenderness, but no neurological loss.

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

In essence, this lady has neck pain that responded for perhaps 6 months to a multiple level facet injection. The Reviewer is still confused about the report of prior facet rhizotomy in December 2007 in the September 2007 Designated Doctor report. Yet, Dr. 's note on 5/12/08 referred to repeat radiofrequency rhizotomy following relief from the prior ones. When were these prior radiofrequency rhizotomies performed.?

The ODG reports the mixed impression of facet radiofrequency rhizomtomy. She has headaches in her scalp. As noted, it is not recommended for cervicogenic headaches. The facet blocks were apparently successful as the lady was not seen for 6 months after the blocks. There is only the initial note of the extent of relief. The concern is the request for multiple level blocks,

Dr. implies that he wants to perfomr bilateal and multple level blocks. The ODG specifically restricts these stating "No more than two joint levels are to be performed at one time." An interval of 1 –2 weeks would be necessary to repeat these at additional levels. Further, the chart did not show any plans for rehabilitation after the blocks.

Facet joint radiofreqency neurotomy.
Under study. **Conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis**. Studies have not demonstrated improved function….A recent retrospective review was conducted on

patients with diagnosed cervical facet syndrome (via controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection**. The mean duration of relief was less at the C2-3 joint than at other levels, and was also less for patients on compensation (non-significant difference).** Pain was not measured with a formal pain rating instrument. (Barnsley, 2005) (ConlinII, 2005**) The procedure is not recommended to treat cervicogenic headaches …This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy.**

Criteria for use of cervical facet radiofrequency neurotomy:
1. Treatment requires a diagnosis of facet joint pain. See Facet joint diagnostic blocks.
2. **While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at ≥ 50% relief**. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.
3. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.
4. No more than two joint levels are to be performed at one time (See Facet joint diagnostic blocks).
4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.

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)**