

True Resolutions Inc.

An Independent Review Organization
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Arlington, TX 76011
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Notice of Independent Review Decision

DATE OF REVIEW: 11/10/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral median nerve RFTC L1, L2, L3, L4, L, S1

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letter 9/3/08 and 10/7/08

Diagnostic Pain & Treatment 9/19/00 thru 10/14/08
2/14/07

Case Info from the URA 8/298 thru 10/7/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job on xx/xx/xx. Since that time, the patient complains of a history of low back pain. The patient supposedly has responded well in the past to "lumbar median nerve RFTC." Specifically, the patient received "40-60% pain relief." There is no mention as to what levels the "median nerve" RFTC had been performed. There is also no mention as to how long the pain relief lasted or if there was any increase in function.

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

According to the Official Disability Guidelines, repeat neurotomies should not occur at an interval of less than six months from the first procedure. In addition, a neurotomy should not be repeated unless the duration of relief from the first procedure is documented for at least 12 weeks at greater than 50% relief. As stated above, there is no mention as to what length of time the patient received "40-60% pain relief." Therefore, at this time, this procedure would not be indicated.

It is also noted that the Official Disability Guidelines require that no more than two levels be worked on at a time. This request is for five levels which would be inappropriate per the Official Disability Guidelines.

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)**