

US Resolutions Inc.

An Independent Review Organization

71 Court Street

Belfast, ME 04915

Phone: (512) 782-4560

Fax: (207) 470-1035

Email: manager@us-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Aug/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar medial branch blocks right L3, L4, L5 and S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

MD, Board Certified in Physical Medicine and Rehabilitation
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

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 5/28/09, 6/10/09

Back Institute, Authorization Request, 5/21/09

Appeal, 6/5/09

Dr. Peer-to-Peer Note, Dictated 6/3/09

Script for Orders, 5/19/09

MD, Workers' Comp Follow-up, 5/19/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man injured in xx/xxxx. Records dated 5/19/09 state the patient's pain is constant and severe rating at an 8/10. Dr. writes in the 5/19/09 note that she suggested in June 2008 that the patient follow up with Dr. as the patient "was post rhizotomy without adequate relief," and that "Dr. 's office said he probably would need a repeat rhizotomy but never got approval for that." In a peer to peer note written by Dr. dictated on 6/3/09, she notes that "the patient previously had the same rhizotomy done with 2 years of relief. He also had a medial branch block with the anticipation of repeating the rhizotomy again with excellent relief....unfortunately the rhizotomy did not seem to take the last time, and upon return to Dr. the pain management physician that did the injection, it was suggested that a repeat rhizotomy would be needed as the one done in April 2008 may not have adequately burned the nerves involved." She continues that "under the circumstances that the patient had had it before with complete relief, and had a medial branch block with complete relief, I

think a repeat trial of rhizotomy is absolutely indicated. Prior to doing that we will go ahead and confirm again with a medial branch block to those facet joints on that right side...I suspect the medial branch blocks will again indicate relief of the symptoms and thus the patient will move on to rhizotomy.”

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

It does not appear from the adverse determination letters that the insurance company’s reviewers were aware of the excellent relief received by the patient from the rhizotomies in 2006. Dr. has noted in her appeal that in 2008, the patient’s second rhizotomy procedure “may not have adequately burned the nerves involved.” The guidelines permit that RF rhizotomies can be repeated pending the extent of and duration of relief.

However, this request and appeal by Dr. is for diagnostic medial branch blocks which she states would “confirm again” the facet joints on the right side. The ODG recommends that only one set of medial branch blocks be performed: “Confirmatory blocks, while recommended for research studies, do not appear to be cost effective or to prevent the incidence of a false positive response to the neurotomy procedure itself.” In her note dictated on 6/3/09, Dr. writes “Alternatively, the patient can go straight to rhizotomy on the right side as has been previously completed with excellent results.” The request does not conform to the guidelines. The reviewer finds that medical necessity does not exist for Lumbar medial branch blocks right L3, L4, L5 and S1.

Facet joint diagnostic blocks (injections)

Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered “under study”). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. (Cohen, 2007) (Bogduk, 2000) (Cohen2, 2007) (Mancchukonda, 2007) (Dreyfuss, 2000) (Manchikanti2, 2003)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)