

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/14/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

RFTC L4/L5/S1 (64475,64476,77003,99144)

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

M.D., Board Certified Orthopedic Surgeon

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, 5/11/09, 4/24/09, 5/29/09

branch blocks, 02/05/09

Office note, Dr., 03/11/09, 04/24/09, 02/05/09

Prescription, 04/09/09

04/24/09

Peer Review, 05/08/09

Fax Cover, 05/01/09, 05/21/09

Demographics

05/11/0-9, 05/29/09

Preauthorization request

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a xx year old female injured on xx/xx/xx. The mechanism of injury was not provided. She treated conservatively for a time, had a discectomy and then a fusion at L5-S1 in 2007. On 02/05/09, the claimant had medial branch blocks on the right at L5-S1.

A 03/11/09 discussion with Dr. indicated the claimant was a no show but that a phone discussion noted that injections provided immediate pain relief from 8/10 to 2/10 for 2-3 weeks. Pain had increased since then. Overall, records indicate she was 60 percent better.

She had aching pain at 4-7 with cramping in the right toes. Rhizolysis at L4-5 and L5-S1 was discussed. On 04/24/09, Dr. noted the claimant had new right leg pain and low back pain at 10/10. She had been seen in the emergency department two days prior due to pain. On examination, there was limited motion and spasm with tenderness. Strength was 5/5. There was "electricity" from the knee to the great toe on the right in L4. Reflexes were intact. She was again referred for rhizotomy.

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

Review of the medical records provided support that the claimant is a xx-year-old woman status post L5-S1 fusion with reported persistent back pain and right leg pain. Medial branch blocks performed 02/05/09 at L5-S1. The claimant had a significant improvement with pain, greater than 75% for 2 to 3 weeks and then recurrence of symptoms with improved functionality per Dr. note on 03/11/09. He recommended rhizolysis at L4-5 and L5-S1. Dr. saw the claimant back on 04/24/09 reporting new right sided leg pain, back pain 10/10. He felt she was a candidate for an L5-S1 rhizotomy and recommended rhizotomy and Ultracet.

Consistent with evidence based medicine and ODG guidelines, the reviewer cannot recommend the proposed surgery as medically indicated and necessary at this time. It appears the claimant has had an L5-S1 fusion. It is unclear what the radiographs show as far as how well the fusion has taken and when the procedure was performed. No documentation motion segment instability. No documentation of progressive neurologic deficit. It is unclear if there has been a diagnostic block to L4-5 and the response to that block. Based on the above issues, consistent with evidence based medicine, I would deny this as medically necessary.

This is based on review of the medical records provided, evidence based medicine, and my own training and experience as a board certified orthopedic surgeon. The reviewer finds that medical necessity does not exist for RFTC L4/L5/S1 (64475,64476,77003,99144).

Official Disability Guidelines Treatment in Worker's Comp 2009 Low Back

Criteria for use of facet joint radiofrequency neurotomy

- (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections)
- (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ 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 of repeat neurotomies 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
- (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks
- (6) There should be evidence of a formal plan of additional evidence-based conservative care

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-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)