



DATE OF REVIEW: 05/19/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Radiofrequency Ablation at Left and Right L3, L4, and L5

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

Board Certified in Physical Medicine & Rehabilitation

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY (SUMMARY):

The patient had attempted to run away and tripped and fell. An MRI of the lumbar spine performed on 09/03/08 indicated a posterior bulging disc at L4-L5 and L5-S1. He had one steroid injection administered to his lower back and several sessions of physical therapy. He underwent facet blocks performed at L4-L5 and L5-S1, both right and left sides, for low back and lumbar facet syndromes.

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

Based on the records available for review, the medical necessity for treatment in the form

of a radiofrequency ablation procedure at the left and right L3, L4, and L5 levels is presently not established as medically reasonable and necessary per the criteria as set forth by the Official Disability Guidelines.

As stated above, based upon the records available for review, the medical necessity for treatment in the form of a radiofrequency ablation procedure is not established. The records available for review document that on 11/11/08, the claimant underwent a fluoroscopically guided and contrast enhanced lumbar facet block to the right L3-L4 and L5-S1 facet levels, as well as at the left L4-L5 and L5-S1 facet levels. The records available for review do not document that there was a marked reduction in pain symptoms per a visual analog scale after this procedure was performed on 11/11/08.

Per criteria set forth by the Official Disability Guidelines, the requested procedure is actually under study as there is conflicting evidence with respect to the efficacy of this procedure. Additionally, per the criteria set forth by the above noted reference, there must be an established diagnosis of facet joint pain prior to pursuit of a radiofrequency ablation procedure. In this case, there would not appear to be an established diagnosis of facet mediated pain syndrome evidenced by the fact that there did not appear to be a significant reduction in pain symptoms when lumbar facet injections were provided as described above on 11/11/08. Per criteria set forth by the above noted reference, medical necessity for treatment in the form of a radiofrequency ablation procedure to the right and left L4-L5 and L5-S1 levels as requested would not appear be established.

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)**