

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Radiofrequency lumbar facets with fluoroscopy, trigger point injections x 3

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

MD, Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and Orthopaedic Surgery

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)

The reviewer finds that medical necessity exists for radiofrequency lumbar facets with fluoroscopy. The reviewer finds that medical necessity does not exist for trigger point injections x 3.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters 8/13/09, 9/8/09

Pain Consultants, PA, 2/12/09, 2/26/09, 3/12/09, 4/2/09, 4/15/09,
5/7/09

DO, 7/10/09

PATIENT CLINICAL HISTORY SUMMARY

This is a man who reportedly injured his back on xx/xx/xx. He had right lumbar paraspinal pain. An EMG was reportedly done in 9/08 and was positive. He had facet changes and disc bulges on an MRI that was not presented. He had ESIs in 1/09 and at L5/S1 on 2/26/09. He had 70% relief of his pain. He had left facet injections at L3/L4, L4/L5, and L5/S1 on 4/2/09 with 70% relief reported on 4/15/09. On 5/7/09, he had Left L3/L4, L4/L5 and L5-S1 facet joint injections. Dr. performed a neurosurgical consult on 7/10/09. He found back pain without lower extremity pain. He did not feel surgery was necessary. He advised 3 or more

trigger point injections.

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

Although Dr. advised trigger point injections, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain. The request does not meet the criteria for TPI. The reviewer finds that medical necessity does not exist for trigger point injections x 3.

The reviewer finds that medical necessity does exist for radiofrequency lumbar facets with fluoroscopy. Also referred to as RF ablation of lumbar medial branch nerves, the procedure, according to the ODG, is a type of injection procedure in which a heat lesion is created on specific nerves to interrupt pain signals to the brain, with a medial branch neurotomy affecting the nerves carrying pain from the facet joints. While the procedure is under study, the ODG permits this treatment on a case by case basis. This patient does meet all six of the criteria designated by the ODG for this procedure. The reviewer finds that medical necessity does exist for radiofrequency lumbar facets with fluoroscopy.

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)