

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 7, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed bilateral L3,L4,L5 medial branch rhizotomy (77003, 64623, 64622)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical medicine and Rehabilitation, and is engaged in the full time practice of medicine.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- XX Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
724.8	77003, 64623, 64622		Prop	1					Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-18 pages

Respondent records- a total of 35 pages of records received from to include but not limited to: letters 7.27.09, 8.14.09, 9.23.09; physician list; MRI L spine 1.14.08; Center note 7.21.08; notes, Dr. 2.20.09; notes 2.26.09, 3.16.09, 7.16.09; report 5.4.09; ODG-TWC guidelines

Requestor records- a total of 24 pages of records received from Dr. to include but not limited to: letter 9.17.09; MRI L spine 1.14.08; notes, Dr. 9.12.08,2.20.09; notes 8.13.08-7.16.09; reports 9.12.08, 2.20.09; report 10.27.08

Treating Doctor records- a total of 29 pages of records received from Institute to include but not limited to: notice of IRO; ODG for an ESI; MRI L spine 1.14.08; notes, Dr. 9.12.08, 2.20.09; notes 8.13.08-7.16.09; reports 9.12.08, 2.20.09; report 10.27.08; Center note 7.21.08

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an on the job work related injury to his back on xxx/xx/xx.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

Using ODG guidelines as the sole guide for making this determination, I have decided that the positioned reviewer inappropriately applied the guidelines in making his decision. In reviewing the denial, it is stated that the MRI of 01/14/2008 only indicated facet osteogenic changes at L3-L4. That is incorrect, as I have read the report and it states that there are significant facet osteogenic changes at L3-L4 and L4-L5. It says "EMG and NCV study of 02/05/08 indicated a mild L5 radiculopathy on the left and a chronic S1 on the right."

ODG indicates that with a medial branch block, there must be an absence of radiculopathy. A recent update of the ODG guidelines has included annotation of where the research came from that denial, which was from Franklin 2008, which is the Washington's Worker's Comp Guide and it states that radiculopathy and previous fusion at the level and several other of those would require URA position review – not they are not contraindicated without reconsideration, so that would be incorrect. The fact that there is evidence of mild L5 radiculopathy does not preclude one from performing the facet.

Finally, ODG states that no more than 2 joint levels should be involved. It states under the ODG guidelines (facet blocks) that in order to block a single joint, it requires 2 levels. In order to block 2 facet joint levels, 3 rhizotomy levels are required. Therefore, this is in compliance with the ODG guidelines.

In reviewing the records, it is noted that this individual had a back injury, had pain in his back, and received a caudal epidural which brought his pain down from a 4 to a 2. He received a medial branch block at L3, L4, and L5 bilaterally and that brought his pain down from a 3 to a 0, which is greater than 70% relief and it lasted at least 4 hours, which is consistent with the use of Lidocaine. Therefore, the medial branch block performed proved that facet joint mediated pain could be controlled by interrupting the medial branch transmission. Therefore, this gentleman has met the criteria of the ODG guidelines for treatment with facet rhizotomy bilaterally at L3, L4, and L5 – treating 2 joint levels.

Since the blocks were performed at L3, L4, and L5, the rhizotomy (in order to get the same results) has to be performed at the same levels.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES