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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/16/2010
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Radio frequency ablation/bilateral L3-S1 64622-64623-77003

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Dr. 03/01/10, 05/10/10, 05/26/10, 07/01/10
MRI 02/10/10
05/18/10, 06/04/10
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PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male injured on xx/xx/xx in a motor vehicle accident.

A 02/10/10 MRI of the lumbar spine documented L4-5 moderate desiccation and mild narrowing of the interspace with a Schmorl's node at the upper endplate of L5. There was a diffuse annular bulge with minimal foraminal encroachment and mild facet arthropathy. At L5-S1, was marked desiccation and narrowing of the interspace with a protrusion flattening the thecal sac toward the left and displacing the left S1 nerve root; an underlying bulge was encroaching the left foramen and minimally the right. There was moderate facet hypertrophy and thickening of the ligament flavum.

On 03/01/10, Dr. saw the claimant for shoulder, neck and low back pain with numbness bilateral lateral legs. Treatment had included medications and therapy. There was loss of lumbar lordosis. Tenderness was noted overt the bilateral lumbar facets. Spasm was present. He was reported to have "abnormal" extension with pain and a positive Kemps bilaterally. Straight leg raise was negative bilaterally. There was normal sensation, 5/5 strength, and reflexes 1 plus throughout. The impression was lumbago and spondylosis. Facet blocks were recommended. On 03/30/10, the claimant had facet blocks at bilateral L4-5 and L5-S1. Pain was decreased from 8/10 to 3/10. Dr. rechecked the claimant on 05/10/10. Dr. reported that the facet blocks relieved 80 percent of pain for 2 weeks. The examination was unchanged. Radiofrequency ablation was recommended

The procedure has been denied twice on peer review. Dr. has appealed the decision noting that in order to perform L4-5 ablation it must be approached from L3-4 and the L5-S1 level from L4, 5 and S1.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS

AND CONCLUSIONS USED TO SUPPORT THE DECISION
The requested radiofrequency ablation bilateral L3 through S1 is not medically necessary based on review of this medical record. This man has ongoing pain complaints following a motor vehicle accident. It would appear that he underwent a 03/03/10 facet block, L4-L5 and L5-S1 with good relief of pain at 80% for two weeks. A radiofrequency ablation has been requested, however, this ablation has been requested at the L3 through S1 levels, both sides. ODG Guidelines document the use of radio facet frequency ablation in patients who have good relief from a medial branch block; that appears to be present in this case. However, the branch block was given at L4-L5 and L5-S1, yet the radiofrequency ablation is being requested from L3 through S1. ODG Guidelines document that no more than two joint levels are to be performed at the same time; that would indicate that the request of three levels would clearly seem to be more than the overall guidelines specify. Therefore, in light of the fact that the block was given at L4 through S1 with good relief and the ablation is being requested from L3 to S1 which is outside of ODG guidelines, then the requested radiofrequency ablation is not medically necessary. The reviewer finds that medical necessity does not exist for Radio frequency ablation/bilateral L3-S1 64622-64623-77003.
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Facet joint radiofrequency neurotomy

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 = 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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)