



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 12/15/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Radiofrequency neurolysis of the facets on the right at L3/L4, L4/L5, and L5/S1

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

Medical necessity has not been demonstrated for the proposed radiofrequency ablation per ODG Guidelines.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. URA findings, 11-11 to 11-23-2010
3. Select Pain Management, 8-27-2010 to 10-28-2010
4. Imaging, Lumbar MRI, 4-27-2010

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This individual sustained a fall on xx/xx/xx and developed right-sided low back pain. Physical therapy, medications, and chiropractic care have been provided. Persistent pain exists in the right low back. There is physical examination evidence compatible with the

facets as the source of pain. Diagnostic lumbar medial branch blocks on the right at L3/L4, L4/L5, and L5/S1 provided two weeks of relief.

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

The diagnosis of facet syndrome has been established by the medial branch block. It would be reasonable to perform a radiofrequency ablation, but ODG endorses ablative procedures at two levels only. The request is for a three-level radiofrequency ablation, which does not conform with ODG. It is not reasonable or necessary to perform radiofrequency ablation on the right at three levels per ODG.

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

*(Check any of the following that were used in the course of your review.)*

- 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)