



## Life Threatening Case

### REVIEWER'S REPORT

**DATE OF REVIEW:** 04/15/10

**IRO CASE #:**

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

Facet injections, rhizotomy, bilateral L2/L3 and L3/L4

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of patients suffering spine problems.

**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)

**INFORMATION PROVIDED FOR REVIEW:**

1. ZRC forms
2. TDI referral forms
3. Denial letters, 03/24/10 and 04/01/10
4. Preoperative history and physical examination, 12/11/03
5. Operative report, 12/08/03
6. Anterior lumbar interbody fusion, L4/L5, L5/S1
7. Operative report, 12/11/03, posterior lateral lumbar fusion, L4/L5 and L5/S1
8. TWCC form 69, 09/21/04, 03/03/06
9. Evaluation, 09/21/04, and letter of clarification, 03/03/05
10. Clinical notes, 09/30/09
11. Operative report, 03/20/07, bilateral facet joint injections, L3/L4 and L4/L5, 05/25/07, L2/L3 and L3/L4, 10/31/08
12. Clinic P.A., D.C., 05/06/07 and 12/13/08
13. Clinical notes, M.D., 12/29/08, 04/06/09, 07/02/09, 03/18/10

14. Appeal letter, 03/24/10
15. Medical conference note, 03/26/10
16. Passages from ODG/DWC Low Back Chapter, Facet Joint Radiofrequency Neurotomy

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

This unfortunate male suffered an injury to his lumbar spine region on xx/xx/xx. The injury was of a straining nature and occurred while the patient was attempting to open a xxxx. As a result of this injury, he underwent anterior lumbar interbody fusion from L4 to S1 and a posterolateral instrumented fusion from L4 through S1 in December 2003. Subsequently he has had persistent pain and internal fixation hardware was removed. He has undergone facet joint injections and has persistent pain. Apparently he has achieved relief of lumbar pain of about 60% to 80% in intensity for a period of approximately six weeks. The recent recommendation has been for facet joint injections and chemical rhizotomy at the level of L2/L3 and L3/L4 bilaterally. This recommendation has been considered and denied, reconsidered and denied.

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

It appears that this patient's principle problem is persistent pain with facet joint pain arising at levels above the anterior and posterior fusions at L4/L5 and L5/S1. The patient has had some response to facet joint injections. The request to preauthorize facet rhizotomies is not supported by recommendations in the ODG 2010 Low Back Chapter, Radiofrequency Facet Rhizotomy passage. The prior denials were appropriate and should be upheld.

**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.)