I-Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/05/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lt. L5-S3 Rhizotomy

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
Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates, Low Back, Hip and Pelvis
MRI L/S, 05/27/09
Procedure note, 09/09/09
Office notes, 09/21/09, 11/02/09, 03/08/10
Office notes, 11/09/09, 12/18/09, 03/03/10
Peer Review, 03/16/10
Corporation, 3/31/10, 3/16/10

PATIENT CLINICAL HISTORY SUMMARY
His history was significant for an IDET procedure in 2002, hypertension, and obesity. Lumbar MRI on 05/27/09 noted a broad 3 to 4 millimeter disc protrusion with mild central canal stenosis and mild bilateral neuroforaminal narrowing. A three-millimeter central and left paracentral protrusion with potential for left SI nerve root impingement was noted at L5-S1. saw the claimant on 06/08/09 for an apparent exacerbation of symptoms after heavy lifting in August of 2009. The claimant weighed 291 pounds at the time and displayed overt pain behavior with no motor deficits noted and a slight left antalgic limp. Conservative treatment to include exercise and weight loss was advised. On 09/09/09, the claimant underwent a left sacroiliac injection with reported benefit of approximately three months. An office visit on

12/18/09 noted bilateral sacroiliac joint tenderness with no neurovascular deficits on exam. Continued use of pain medication, muscle relaxant and an interferential muscle stimulator was advised. Dr. xxxxx, pain management, evaluated the claimant on 03/03/10. Examination noted positive left Patrick, Gaenslen, Yeoman, and Stork maneuvers. On 03/08/10, medial branch rhizotomy on the left L5 through S3 was requested.

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

The requested left L5-S3 Rhizotomy for a sacroiliac joint pain is not medically necessary based on review of this medical record. This is a 31 year old male who has had low back and left SI joint area complaints. He underwent a 09/09/09 left SI joint injection which appears to have given him a number of months of some relief but he developed recurrent tenderness and rhizotomy was requested. ODG Guidelines indicate Sacroiliac joint or the L5-S3 neurotomy is not recommended. The guidelines indicate it is difficult to determine the innervation of the SI joint and there is controversy over the technique for radiofrequency innervation. There is no documentation in this case of abnormal diagnostic testing such as MRI, bone scan or CT scan of SI joint documenting pathology. Therefore the reviewer finds that medical necessity does not exist for Lt. L5-S3 Rhizotomy.

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)