

SENT VIA EMAIL OR FAX ON
Nov/10/2010

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/10/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left C4,5,6 RFNA with IV sedation

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 9/30/10, 10/21/10, 10/25/10

9/29/10 and 10/25/10

Dr. 8/2/10

Interventional Pain Management 1/29/09 thru 10/19/10

3/22/10, 6/4/10, 9/23/10

PATIENT CLINICAL HISTORY SUMMARY

DOI xx/xx/xx

This is a lady with chronic neck pain since an injury on xx/xx/xx. She had good results from a

lumbar RF procedure in 1/09. She had a left C4-6 medial branch block on 6/16/10 with 50% pain relief (not reaching the shoulders) that lasted 2 weeks.

No physical examination was provided. A prior reviewer noted neck pain worsened with neck extension. They cited that there was no stenosis at C5/6 as well.

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

The first issue is whether or not she has facet pain. The ODG does not consider pain beyond the shoulders to be from the facets. Further, the positive effect of a MBB block is a requirement for the diagnosis and for the indications of a facet rhizotomy. The latter is listed as controversial. There is no physical exam or information provided to confirm the failure of prior treatments. The IRO reviewer presumes this had to be done in order to have had the June MBB blocks. The required 2 levels were performed. My concern is that the requirement in the ODG requires 70% or more relief. She had 50%. Based on strictly following these criteria, the rhizotomy would not be justified. She did have a 2-week response, when the ODG anticipates a 2-hour response to lidocaine (bupivacaine was used here). She had a favorable 20-month response to the lumbar injection. These are supportive information for a variance from the established Guidelines. However, the ODG does allow for some leeway.

“The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions...but they cannot take into account the uniqueness of each patient’s clinical circumstances.”

Based upon this information, the facet rhizotomy has medical justification.

ODG:

Facet joint pain, signs & symptoms

Facet joint diagnostic blocks

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).

Facet joint radiofrequency neurotomy

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

MEDICAL JUDGEMENT, 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 NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)