

Notice of independent Review Decision

DATE OF REVIEW: September 14, 2010

IRO Case #:

Description of the services in dispute:

Radiofrequency Rhizotomy (#64622, #64623, #77003, #01992)

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be upheld. Radiofrequency rhizotomy is not medically necessary.

Information provided to the IRO for review:

Received from the State 08/27/10:

- Notice to Medical Review Institute of America of Case Assignment 08/27/10 – 1 page.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization 08/26/10 – 5 pages.
- Request for a Review by an Independent Review Organization 08/23/10 – 3 pages.
- Prior Review 07/21/10 – 3 pages.
- Prior Review 08/10/10 – 2 pages.

Received from UniMed 09/03/10:

- Notice to Utilization Review Agent of Assignment of Independent Review Organization 08/27/10 – 1 page.
- Appeal Request from Health Services, undated – 1 page.
- Authorization Request from Health Services, undated – 1 page.
- Office Visit Notes of Dr. 07/08/10 – 1 page.
- Progress Note/Assessment Documentation 04/28/10 – 2 pages.
- Progress Note/Assessment Documentation 07/08/10 – 2 pages.

Received from the Provider 09/10/10:

- Office Visit Notes of Dr. 07/08/10 – 1 page.
- Progress Note/Assessment Documentation 07/08/10 – 2 pages.

- Progress Note/Assessment Documentation 04/28/10 – 2 pages.
- History and Physical 02/10/10 – 1 page.
- Office Visit Notes of Dr. 01/12/10 – 1 page.
- Progress Note/Assessment Documentation 01/12/10 – 2 pages.
- Progress Note/Assessment Documentation 10/21/09 – 2 pages.
- Progress Note/Assessment Documentation 08/10/09 – 2 pages.
- Office Visit Notes of Dr. 07/09/09 – 1 page.
- History and Physical 04/13/09 – 1 page.
- Progress Note/Assessment Documentation 04/13/09 – 1 page.
- Progress Note/Assessment Documentation 02/12/09 – 2 pages.
- Progress Note/Assessment Documentation 12/30/08 – 1 page.
- Office Visit Notes of Dr. 11/19/08 – 1 page.
- History and Physical 09/09/08 – 2 pages.
- Progress Note/Assessment Documentation 09/09/08 – 1 page.
- Office Visit Notes of Dr. 08/05/08 – 1 page.
- Office Visit Notes of Dr. 07/10/08 – 1 page.

Patient clinical history [summary]:

The claimant is a gentleman who suffered a workplace injury on xx/xx/xx. Subsequently, he developed back pain and underwent a lumbar laminectomy that did not result in relief of his pain. He has since undergone bilateral lumbar radiofrequency facet joint denervation L4–5 and L5–S1 that provided about 4 months of pain relief. Previous radiofrequency denervation of the same joints on 04/13/08 and 07/09/09 had provided about 4 and 5 ½ months of pain relief respectively.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

Radiofrequency rhizotomy is not medically necessary. The submitted medical record does not substantiate the diagnosis of facet joint pain according to the criteria of the ODG Treatment Index as listed below. There have apparently been no diagnostic medial branch nerve blocks done. Furthermore, the claimant only had pain relief from previous denervations for 4 to 5½ months, which is less than the 6 months specified in the criteria as denoting a successful procedure.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG: Criteria for the use of diagnostic blocks for facet “mediated” pain:

Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of = 70%. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.

3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4–6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)]

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.
- (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

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. http://www.odg-twc.com/odgtwc/low_back.htm