

MAXIMUS Federal Services, Inc.  
11000 Olson Drive, Suite 200  
Rancho Cordova, CA 95670  
Tel: [800] 470-4075 ♦ Fax: [916] 364-8134

---

**Notice of Independent Review Decision**

MAXIMUS Federal Services, Inc.  
11000 Olson Drive, Suite 200  
Rancho Cordova, CA 95670  
Tel: [800] 470-4075 ♦ Fax: [916] 364-8134

---

**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** September 30, 2010

**IRO CASE #:**

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

A request has been made for coverage of rhizotomy at L5-S1 with fluoroscopy.

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

M.D., Board Certified in Orthopedic 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)

I have determined that the requested rhizotomy with fluoroscopy at L5-S1 is medically necessary for treatment of the patient's medical condition.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Request for a Review by an Independent Review Organization dated 9/3/10.
2. Confirmation of Receipt of a Request for a Review by an Independent Medical Review Organization (IRO) dated 9/9/10.
3. TDI Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 9/10/10.
4. TDI Notice to IRO of Case Assignment dated 9/10/10.
5. Medical Records and Correspondence from Pain Management Associates for the period from 3/18/09 through 9/10/10.
6. Fax from DC for the period from 4/2/07 through 5/31/07.
7. Medical Records from the Medical Evaluators, dated 5/4/10.
8. Medical Records from, MD for the period from 4/18/08 through 4/20/10.
9. Medical Records from Health dated 4/8/10.
10. Operative Report from Surgicare dated 4/20/09.
11. Medical Records from Surgical Hospital, dated 10/21/08.
12. Medical Records from the Center for Neurological Disorders, P.A., for the period from 8/4/06 through 11/6/08.
13. MRI Imaging Report from Imaging for the period from 4/8/08 through 4/12/08.
14. Medical Records from Imaging and Pain Management Center dated 12/5/07.
15. Medical Records from, MD for the period from 4/2/07 through 7/16/07.
16. Quantitative Functional Evaluation for the period from 4/2/07 through 7/15/07.
17. Medical Records from, MD dated 4/25/07.
18. Medical Records from Evaluations dated 1/19/07.
19. MRI of the Lumbar Spine dated 12/1/06.
20. Imaging from Hospital dated 9/4/06.
21. Medical Records from, MD dated 6/8/06.
22. Electrodiagnostic Study dated 5/19/06.
23. Lumbar Myelogram and CT Studies dated 5/12/06
24. Denial documentation.

### **PATIENT CLINICAL HISTORY:**

The patient is a male who was injured on the job on xx/xx/xx. He is status post spinal fusion and laminectomy at L4-5. Imaging demonstrates spinal stenosis at L3, L4, and L5-S1. The provider noted the patient also presented with bilateral pars defect at L5. On 4/20/09, the patient underwent facet blocks at L5-S1 with approximately 80% pain relief. A computed tomography (CT) myelogram performed on 10/21/08 showed new bilateral pars defect at L5 when compared to an earlier study of 5/12/06. Additional imaging performed on 4/8/08 revealed grade 1 spondylolisthesis with bilateral pars defect at L5-S1.

The Carrier denied the request for rhizotomy with fluoroscopy at L5-S1 as not medically necessary for treatment of the patient's medical condition.

The patient's physician notes that the CT myelogram performed on 10/21/08 showed moderate foraminal narrowing bilaterally at L3, L4 and L5-S1, with development of new bilateral L5 pars defect. The physician maintains that the requested service is clinically indicated given the patient's response to the facet blocks provided on 4/20/09.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

It is the standard of practice in the orthopedic and pain management communities to follow a successful facet injection or medial branch block with rhizotomy. This patient's provider noted that the patient experienced 80% pain relief with the facet blocks given on 4/20/09. Since the patient reported significant relief of symptoms with the facet block, the follow-up rhizotomy at L5-S1, as recommended by his providers, is clinically indicated and within accepted standards of practice.

For these reasons, the requested rhizotomy with fluoroscopy at L5-S1 is medically necessary for treatment of the patient's medical condition.

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

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 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):