



Notice of Independent Review Decision  
**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/08/10

**IRO CASE #:**

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

Outpatient radiofrequency thermocoagulation to the right lumbar facet levels L4/L5 and L5/S1 at High Plains Surgery Center

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
724.2	64622		Prosp.						Overturn
724.2	64623		Prosp.						Overturn
724.2	72275		Prosp.						Overturn

**INFORMATION PROVIDED FOR REVIEW:**

- Certificate of independence of the reviewer
- TDI Case assignment
- Letters of denial, 07/30/10 and 08/12/10, including criteria
- Additional URA documentation, 06/08/10 through 08/05/10
- Operative notes/reports, 09/15/09 through 02/10/10
- Pain management treatment documentation from 11/23/09 through 07/22/10
- MRI scan report, 03/23/09
- Perspective Review Response, 08/24/10

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

This claimant sustained a work-related injury on xx/xx/xx described as “back strain” from lowering concrete. The claimant reportedly has primarily axial pain in the lumbar spine, right greater than left. He has undergone physical therapy as well as epidural steroid injections that did result in temporary relief. He then underwent intraarticular facet joint injections at L4/L5 and L5/S1 in December 2009 with significant

temporary relief. Early in 2010, the claimant then underwent medial branch blocks of the same facet joints on the right with documentation that this also resulted in temporary significant pain relief. Specifically, progress note from the dated 01/19/10 clearly summarizes that the claimant improved significantly after the intraarticular facet joint injections were completed and that the medial branch injections were then planned. It appeared that the medial branch blocks were completed on 02/10/10 as summarized on the progress note from the dated 04/13/10. This note clearly indicates that both the intraarticular facet injections done in December 2009 as well as the medial branch blocks done on 02/10/10 were “effective in controlling his overall pain.” Based on this response, the radiofrequency thermocoagulation of the facet joints on the right at L4/L5 and L5/S1 were requested. The claimant has tried medications, as well, including analgesics such as Relafen. The claimant also underwent lumbar epidural steroid injections that apparently resulted in significant relief temporarily and underwent an MRI scan of the lumbar spine dated 03/23/09 that is interpreted as showing mild disc degeneration at L5/S1 without foraminal narrowing or central stenosis.

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

This claimant clearly has responded to “non-targeted” treatment with epidural steroid injections, as well as targeted diagnostic, as well as therapeutic injections to the right-sided facet joints in the lumbar spine. Certainly the medial branch blocks that were done purely for diagnostic confirmation were confirmatory. There is no reason for this procedure to have been approved and completed without the expectation that a positive response should lead to a neurolytic procedure to the same medial branches. The radiofrequency thermocoagulation, therefore, is quite reasonable and medically necessary. Prior reviewers have indicated that no clear facet joint pathology is noted on MRI scan. On my review, the facet joints are not specifically described one way or the other in the MRI report. In any case, facet joint pain may certainly be present without clear structural abnormalities seen on imaging. With this claimant’s lack of any lasting response to other more conservative treatment trials and the claimant documentation of the facet joint syndrome as a significant contributor to his ongoing pain, it is my opinion that the standard of care at this point would entail proceeding with the radiofrequency thermocoagulation of the involved facet joints as requested.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 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).