



IMED, INC.

11625 Custer Road • Suite 110-343 • Frisco, Texas 75035
Office 972-381-9282 • Toll Free 1-877-333-7374 • Fax 972-250-4584
e-mail: imeddallas@msn.com

Notice of Independent Review Decision

DATE OF REVIEW: 09/03/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 Bilateral Lumbar Radiofrequency at L4-5 and L5-S1 with Monitored Anesthesia Care and Fluoroscopy between 08/11/2010 and 10/10/2010. This is an appeal to review 68025

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 05/08/08 - MRI Lumbar Spine
2. 11/25/09 - Procedure Note -, MD
3. 08/04/10 - Clinical Note -, MD
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury to his back on xx/xx/xx when he was dragged by a car he was trying to stop.

An MRI of the lumbar spine performed 05/08/08 demonstrated posterior bulges at L1-L2, L2-L3, and L3-L4 with mild foraminal encroachment. There was disc space narrowing with significant right paracentral protrusion and inferior prolapse at L4-L5. There was significant right foraminal encroachment and to a lesser degree, left foraminal encroachment. There was hypertrophy of the right facet at L5-S1. There was moderate right foraminal encroachment and moderate left foraminal narrowing.

The employee underwent transforaminal epidural steroid injection at L4 and L5 on 11/25/09.

The employee saw Dr. on 08/04/10 with complaints of severe low back and leg pain. The employee rated the back pain at 4 out of 5 and the leg pain at 3 out of 5. The note stated the employee was last seen on 06/16/10 for a bilateral lumbar transforaminal epidural steroid injection, but this report was not submitted for review. The employee stated the pain did not significantly improve following the last epidural steroid injection, and it had become progressively worse over the past week. The pain worsened with walking long distances, prolonged standing, and going from a sitting to a standing position. The physical examination

revealed pain to palpation at the midline lumbar sacral, bilateral flank, bilateral lumbar paraspinals, sacral paraspinals, and bilateral gluteus maximus and minimus. Lumbar range of motion revealed 10 degrees of extension and 35 degrees of flexion. Straight leg raise was positive bilaterally. The employee was assessed with low back pain, bilateral leg pain, lumbar spinal stenosis, discogenic syndrome, lumbar facet syndrome, and lumbar radiculopathy. The employee was recommended for radiofrequency neurolysis of the medial branches of the lumbar facet nerves bilaterally at L4-L5 and L5-S1.

The request for bilateral lumbar radiofrequency at L4-L5 and L5-S1 with monitored anesthesia care and fluoroscopy was denied by utilization review on 08/10/10 due to lack of procedural reports from the previous lumbar facet blocks and the previous radiofrequency ablation to validate the performance of these procedures. Interim medical reports were not available that mention the relief that was noted from these procedures in terms of visual analog scores of pain relief, functional gains, reduction in medication use, and the duration of pain to establish an adequate response that may justify its repetition in this employee. Also, the official reports of the diagnostic studies were not available for review to be able to rule out the presence of other pain generators accurately that may preclude or justify the use of this requested intervention.

The request for bilateral lumbar radiofrequency at L4-L5 and L5-S1 with monitored anesthesia care and fluoroscopy was denied by utilization review on 08/18/10 due to lack of documentation of decreased visual analog score and reduced medications use following the initial radiofrequency treatment. There were no guidelines to support performing the contemplated procedure less than six months from the previous one. There was lack of documentation that the lumbar spine complaints are mainly lumbar facet pathology in origin. The employee was noted to be diabetic, and there was no documentation that this was controlled as complications to the peripheral nerves may confound the employee's present complaints.

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

The request for bilateral lumbar radiofrequency at L4-L5 and L5-S1 with MAC and fluoroscopy is not medically necessary based on the clinical documentation provided for review. The employee was noted to have had prior epidural steroid injections. There was also no documentation of positive responses to medial branch blocks or facet joint injections as recommended by current evidence based guidelines. It appears from the clinical documentation that the employee's current complaints are more related to the employee's lumbar radiculopathy and radiofrequency denervation procedures are not recommended in the presence of lumbar radiculopathy.

As the clinical documentation does not meet recommendations made in current evidence-based guidelines regarding lumbar radiofrequency procedure, the requested lumbar radiofrequency at L4-L5 and L5-S1 with MAC and fluoroscopy is not medically necessary.

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

1. *Official Disability Guidelines*, Online Version, Low Back Chapter