SENT VIA EMAIL OR FAX ON
Aug/09/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Aug/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right L5/S1 DMB Rhizotomy

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

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Cover sheet and working documents
2. MRI LW JNT without contrast LT dated 04/06/10
3. Radiographic reports x-ray right ankle, right foot, and left knee dated 04/06/10
4. Addendum to x-ray report dated 04/06/10
5. MRI lumbar spine without contrast dated 04/12/10
6. Office visit notes 04/16/10-
7. Lab studies
8. PA and lateral view of chest dated 08/02/10
9. History and physical dated 08/05/10
10. Preoperative note dated 09/30/10
11. Operative report dated 09/30/10
12. CT lumbar spine dated 10/01/10
13. Discharge summary dated 10/02/10
14. Cardiopulmonary / neurodiagnostic report dated 10/13/10
15. Physical therapy progress notes

16. Operative report dated 11/17/10
17. Operative report dated 04/22/11
18. Utilization review for request L4 and L5 DMB right rhizotomy, CPT codes 64622, 64623 and 77003.26 dated 05/09/11
19. Letter of medical necessity dated 05/20/11 Dr.
20. Utilization review for appeal request right L5-S1 DMB rhizotomy dated 05/26/11
21. Utilization review for request sacroiliac joint injection and facet injection at L5-S1 dated 06/16/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male deputy constable whose date of injury is xx/xx/xx. The records indicate he stepped through a rotten wooden floor and injured his left knee and low back. The injured employee is noted to be status post L4-5 and L5-S1 decompression with posterolateral fusion L4-5 and posterior instrumentation L4-5 with pedicle screws and longitudinal rods. The injured employee was seen for evaluation of right sided low back pain on 04/12/11. The injured employee is felt to have symptoms rising due to facet mediated pain. A diagnostic right sided L4 and L5 dorsal median branch nerve blocks were performed on 04/22/11. Post procedure visit noted that the injured employee's 24 hour pain diary revealed 100% relief from pain for four hours post procedure then pain increased to 1/10 (baseline 6/10) through 7pm. The following day pain was back to baseline.

A request for L4 and L5 DMB rhizotomy was reviewed on 05/09/11 and an adverse determination was reached. The review noted that the requesting physician's assistant had been contacted. The injured employee has chronic lumbar pain and has had an L4-5 fusion. Facet injections were performed which included steroids and he had four hours of relief and improved pain for one day. It was noted that although radiofrequency facet joint denervation may provide some short term improvement in functional disability among patients with chronic low back pain, the efficacy of the treatment has not been established.

An appeal request for right L5-S1 DMB rhizotomy was reviewed on 05/26/11 and an adverse determination was reached. It was noted the injured employee had a back injury from xx/xx. The records state he had a procedure (right L4-5 DMBB) on 04/22/11 indicates he had no improvement in pain. There is no indication for performing a rhizotomy.

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

Based on the clinical information provided, the request for right L5-S1 DMB rhizotomy is indicated as medically necessary. The records reflect that the injured employee underwent lumbar decompression at L4-5 and L5-S1 with posterolateral fusion at L4-5 and bilateral L5-S1 posterior instrumentation with pedicle screws and rods. The injured employee subsequently complained of right sided low back pain with no radicular component. He underwent a diagnostic medial branch block at L4-5 and L5-S1 on the right which Dr. noted supplied a right L5-S1 facet joint on 04/22/11. Per the injured employee's pain diary he experienced 100% relief of pain for four hours post procedure, with continuing pain relief from baseline of 6/10 down to 1/10. The following day pain returned to baseline. Per Official Disability Guidelines, facet neurotomy/rhizotomy may be indicated if there is diagnosis of facet joint pain using medial branch block resulting in a response of at least 70% pain relief lasting at least two hours for lidocaine. The patient had appropriate response to diagnostic medial branch block, and he reported increased activity levels as well as complete relief of pain immediately following injection. As such, medical necessity is established and previous denials should be overturned.

It should be noted that initial preauthorization review on 05/09/11 was for L4 and L5 rhizotomy, and the appeal request was for right L5 and S1 DMB rhizotomy. A third review performed on 06/16/11 was for a different procedure, specifically sacroiliac joint injection and facet injection at L5-S1. While there is some confusion regarding the review process, based on the clinical information provided, the proposed right L5-S1 rhizotomy is supported as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES