

SENT VIA EMAIL OR FAX ON
Dec/15/2011

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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5 and L5/S1 Rhizotomy

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

Board Certified Anesthesiology/Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Utilization review determination 11/07/11

Reconsideration / appeal of adverse determination 12/01/11

Surgery scheduling slip/checklist and Patient Profile

New patient consultation and progress notes M.D. 05/24/11 through 10/28/11

MRI lumbar and thoracic spine without contrast 06/07/11

Office notes M.D. 02/06/11 through 04/30/11

MRI scan of left knee without contrast 03/08/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx when she fell on ice. She has had ongoing complaints of low back pain since her fall. She is diagnosed with chronic low back pain, and has had persistent pain in spite of physical therapy, continued home exercises, returning to work, and oral medication management. On 10/07/11 the claimant underwent bilateral L4-5, L5-S1 facet joint medial branch block under fluoroscopic guidance. She was

seen in follow-up on 10/28/11, and brings her pain scale diary. Her usual pain level of 6-7/10 was rated 2/10 30 minutes to 2 hours after the procedure. For 8 hours to 5 days after the procedure her pain score was rated from 0/10 to 1/10, and the claimant reported improvement in functional capacity as well as pain reduction. Medial branch rhizotomy was recommended at L4-5 and L5-S1, in conjunction with continued analgesics and home therapy stretches and exercises.

Per utilization review determination dated 11/07/11, a request for left L4-5 and L5-S1 rhizotomy was recommended for non-certification as medically necessary. Diagnostic medial branch blocks were performed bilaterally on 10/07/11 L4-S1 levels under fluoroscopy. The claimant returned for follow-up on 10/28/11 with pain scale diary. Prior to procedure pain level averaged 6-7/10, and 2 hours post procedure pain was rated 2/10, and approximately 8 hours to 5 days after the procedure pain was 0-1/10. Documentation indicated increased function following the injection procedure with the ability to do shopping and decreased subjective complaints of pain but no documentation of decreased use of oral medications. examination on 10/28/11 documented independent gait, upper and lower extremity strength 5/5, tenderness across the lumbosacral spine which increased with pain with range of motion. it was noted that the claimant's improvement in symptoms lasted well beyond the local anesthetic used, indicating there may be some other factors resulting in ongoing and continued complaints of pain. it was recommended that therapeutic facet injections be done independently on the left and right sides.

A utilization review dated 12/01/11 recommended non-certification of the appeal request for right L4-5 and L5-S1 rhizotomy. Noting that the records do not reflect decreased oral pain medication use, noting that there was a longer response than one would expect from a diagnostic block, and noting that objective findings on exam did not support true facetogenic pain, medical necessity was not established for the proposed rhizotomy.

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

The clinical data provided does not support a determination of medical necessity for L4-5 and L5-S1 rhizotomy. The claimant was determined to have facet mediated pain, and a diagnostic medial branch block was performed on 10/07/11. Follow-up on 10/28/11 reported that the claimant had significant pain reduction and function improvement following the injection; however, there was no evidence of decreased use of oral pain medications. moreover, the claimant reported prolonged pain relief for up to 5 days following the procedure. The procedure notes reflect that only lidocaine/bupivacaine was used with no steroid. This raises questions regarding the pain generator and if there are other factors contributing to her continued complaints of low back pain. as such, the proposed rhizotomy is not indicated as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES