

SENT VIA EMAIL OR FAX ON
Dec/16/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet joint injection nerve rhizotomies L4, L5, and S1--Right side followed by left side

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

Anesthesiology

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

Preauthorization determination 10/13/11

Preauthorization determination 11/04/11

Office notes Dr. 04/12/11-12/05/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The records indicate the claimant underwent lumbar facet joint nerve rhizotomies L4-S1 on right side performed 06/09/10 and left side performed 06/10/10. Post procedure follow-up on 06/25/10 noted the claimant to report 40% relief of pain and symptoms continually for 15 months. The claimant was seen on 09/13/11 with complaints of increased pain in low back, bilateral hip and bilateral leg pain. Notes indicate the claimant underwent sacroiliac joint injections bilaterally on 10/26/10 and reported 70% improvement for duration of 4 months. On examination the claimant is reported to demonstrate lumbar facet joint tenderness right greater than left, L4, L5-S1 with pseudo dermatomal radiation (non-radicular). SI joints were tender right greater than left.

The claimant was recommended to undergo lumbar facet joint medial branch nerve rhizotomy L4, L5-S1 right side, left side 2nd.

A preauthorization review was performed on 10/13/11 and determined the request for lumbar facet joint nerve rhizotomies L4, L5 and S1, right side followed by left side as not medically necessary. Records indicate the claimant underwent bilateral lumbar facet joint nerve rhizotomies L4-S1 in 06/10. However, the claimant reported only 40% relief of pain and symptoms. Per ODG guidelines, repeat neurotomies may be indicated if there is documented at least 50% or greater relief lasting for 12 weeks. There also should be formal plan of additional evidence based conservative care in addition to facet joint therapy. Given the current clinical data, medical necessity is not established.

A preauthorization review on 11/04/11 determined the appeal request for lumbar facet joint nerve rhizotomies L4, L5, and S1, right side followed by left side is not medically necessary. It was noted the claimant was reported to have 40% pain relief for 15 months following previous lumbar facet nerve rhizotomies. According to Official Disability Guidelines, repeat neurotomies may be required and neurotomy should not be repeated unless duration of relief from first procedure was documented for at least 12 weeks with greater than 50% pain relief. The documentation provided stated the claimant did obtain 40% pain relief for 15 months; however, there is lack of documentation that was provided prior to previous rhizotomy and recent physical examination to compare the claimant had functional improvement. There is also lack of documentation the claimant was able to reduce pain medications. Therefore, the request for lumbar facet joint nerve rhizotomy at L4, L5 and S1 on right side followed by left side is not certified.

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

The proposed lumbar facet joint nerve rhizotomies at bilateral L4, L5, and S1 right side first followed by left is recommended as medically necessary based on clinical data provided. The claimant is noted to have sustained an injury on xx/xx/xx. The records indicate the claimant has undergone previous radiofrequency ablation procedures with good results. He reportedly had 40% continuously relief for 15 months following last rhizotomy / neurotomy. However, subsequent notes indicate the claimant states he was experiencing sacroiliitis which subsequently improved. He reported he had much greater than 40% relief, more like 80% relief for 15 months. Per ODG guidelines, repeat neurotomy may be indicated if the previous procedure provided at least 12 weeks of continuous relief at greater than 50% pain relief. As such, medical necessity is established and the previous denials should be overturned.

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