

SENT VIA EMAIL OR FAX ON
Jul/25/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient bilateral L5, S1, S2, and S3 medial branch and lateral block neurotomy in two sessions; first procedure on right side and two weeks later on left side.

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

Board Certified Anesthesiologist/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

1. Cover sheet and working documents
2. Utilization review Dr. M.D. dated 06/21/11
3. Letter of medical necessity 06/07/11
4. Utilization review Dr. M.D. dated 06/03/11
5. Pain management procedure report for sacroiliac intraarticular injection 03/23/11
6. Post injection evaluation 03/23/11
7. Progress notes 08/04/09 - 04/27/11
8. X-ray lumbar spine 2 or 3 views 01/10/11
9. Pain management procedure report for lumbar transforaminal epidural injection dated 12/01/10
10. X-ray lumbar spine min 4 views dated 08/06/10
11. X-ray lumbar spine 1 view dated 02/19/10
12. Operative report dated 02/19/10
13. Preoperative consultation 02/19/10

14. Pain management procedure report for spinal cord stimulator trial under fluoroscopic guidance dated 01/25/10
15. Operative report dated 07/27/09
16. Lumbar myelogram dated 06/16/09
17. Post myelogram CT scan of lumbar spine dated 07/21/08
18. Page 2 of 2 EMG/NCV study 07/11/08

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient reported an injury to the low back secondary to lifting a large bottle of water. Treatment to date is noted to include in 1995 and 2007 with no pain relief as well as a total of five spine surgeries culminating in L3 through sacrum fusion. EMG/NCV dated 07/11/08 revealed evidence of chronic left L5 radiculopathy. The patient underwent exploration of fusion and redo fusion of L3-4 on 07/27/09 followed by spinal cord stimulator placement on 02/19/10. The patient underwent epidural steroid injection on 12/01/10 which only helped temporarily. The patient underwent SI joint injection on 03/23/11 with 3 days relief. Physical examination on 04/27/11 notes Newton's and Patrick's testing is positive bilaterally. Straight leg raising is positive on the left.

Initial request was non-certified on 06/03/11 noting that there is evidence of radicular pain and the patient has a previous history of fusion. Furthermore, no more than two levels should be blocked. The denial was upheld on appeal dated 06/21/11 noting that the requested procedure is considered SI joint neurotomy which are not recommended as there is little evidence to actually provide the innervation of the joint. There is also minimal evidence to indicate that SI joint pain is secondary to a fusion procedure.

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 Outpatient bilateral L5, S1, S2, and S3 medial branch and lateral block neurotomy in two sessions; first procedure on right side and two weeks later on left side is not recommended as medically necessary, and the two previous denials are upheld. The patient presents with documented radiculopathy and has undergone a previous fusion from L3 to the sacrum. The Official Disability Guidelines do not support this procedure for patients with radicular pain or for patients who have undergone a previous fusion at the same level. Additionally, ODG reports that no more than two joint levels should be performed. Given the current clinical data, the request 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