

Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Second Floor
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/11/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Bil L4/5 and L5/S1 Medial Branch Rhizotomy

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

MD, 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

Utilization review determination 04/25/11 regarding non-certification medial branch rhizotomy bilateral L3-4, L4-5

Utilization review determination 04/25/11 regarding non-certification appeal request medial branch rhizotomy bilateral L3-4, L4-5

Urine drug screen results 01/06/11

MRI lumbar spine 02/05/08

Operative report bilateral L4-5, L5-S1 facet joint block 03/15/11

Operative report bilateral L4-5 and L5-S1 facet joint block 04/07/09

Consultation Dr. 04/18/11

Office visit notes Dr. 02/08/08-04/13/11

Medical records reviewed / peer review Dr. 01/05/10

Official Disability Guidelines Low Back Chapter reference material regarding facet medial branch blocks and radiofrequency neurotomy

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained an injury to low back on xx/xx/xx. MRI of lumbar spine dated 02/05/08 revealed posterior annular tear and generalized posterior disc osteophyte complex with endplate spurring at L2-3 with no central canal stenosis, although endplate spurring with facet hypertrophy causes moderate left and mild right foraminal narrowing. At L4-5 there is no central canal narrowing. There is a small, generalized disc bulge with facet hypertrophic changes causing mild bilateral foraminal narrowing. At L5-S1 there is mild foraminal narrowing secondary to facet degeneration. Records indicate the injured employee underwent bilateral L4-5 and L5-S1 facet joint block on 04/07/09. Progress note dated 04/14/09 indicates the injured employee got immediate relief with facet injection last week and that pain relief persisted even today. Follow-up on 05/27/09 noted the injured employee stated his lumbar facets gave him relief for couple of weeks but pain came back. On 03/15/11 the injured employee underwent bilateral L4-5 and L5-S1 facet joint blocks. Progress note dated 04/13/11 indicated the injured employee got immediate relief. His pain level went to 0/10 in anesthetic phase. A couple of days later he got some benefit from it. The injured employee's pain level is still less than it was before the injection on 03/15/11.

Based on this response he would like to proceed with rhizotomy. Examination on 04/18/11 noted the injured employee to be 6'3" tall and 240 lbs. Evaluation of lumbar spine demonstrated increased pain on lumbar facet loading on both sides. The injured employee was noted to have mild pain with flexion and mild pain with extension. Dural tension sign was negative bilaterally. Hip range of motion was full. Lower extremity strength and sensation was normal. Reflexes were symmetric. Gait, balance and coordination were unremarkable.

A request for bilateral L3-4, L4-5 medial branch rhizotomy was reviewed on 04/25/11 and determined to be non-certified as medically necessary. It was noted in the medical report dated 04/18/11 the injured employee complained of low back pain. On examination there was increased pain on lumbar facet loading on both sides. Dural tension sign was negative bilaterally. Treatment has included medications, physical therapy and facet joint injection without pain for about a week. However, there was no documentation of diagnostic medial branch blocks with response of equal to or greater than 70%. Therefore, medical necessity was not determined at this time.

A reconsideration / appeal request for bilateral L4-5 and L5-S1 medial branch rhizotomy was reviewed on 05/09/11 and determined to be non-certified as medically necessary. It was noted in the latest medical report dated 04/18/11 the injured employee complained of low back pain. Pertinent physical examination of lumbar spine showed increased pain on lumbar facet loading on both sides. Dural tension sign was negative bilaterally. There is no neurovascular deficit to motor, sensory and deep tendon reflexes. Apparently, medical records sent for review failed to document exhaustion of other recommended conservative treatments such as oral pharmacotherapy and physical therapy. Likewise, the injured employee's response to facet block dated 03/15/11 was not documented with pain relief using acceptable instrument such as VAS scale to justify subsequent rhizotomy procedure. As such, appropriateness and medical necessity of the requested procedure was not substantiated.

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

The clinical data provided for review does not support a determination of medical necessity for outpatient bilateral L4-5 and L5-S1 medial branch rhizotomy. The records indicate that the injured employee underwent bilateral facet joint blocks at L4-5 and L5-S1 on 03/15/11 and experienced significant pain relief. However, per Official Disability Guidelines, there should be one set of diagnostic medial branch blocks with a response of at least 70%. There is no indication that the injured employee has had injections by medial branch technique to establish the diagnosis. As such the reviewer finds the request for OP Bil L4/5 and L5/S1 Medial Branch 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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)