

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/14/2011  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Repeat lumbar rhizotomy per physician advisor

**QUALIFICATIONS OF THE REVIEWER:**

Pain Management, Physical Med & Rehab  
MD

**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)

Repeat lumbar rhizotomy per physician advisor Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax page dated 02/25/2011
2. Notice to utilization dated 02/23/2011
3. IRO request form by author unknown, dated 02/23/2011
4. Fax page by author unknown, dated 02/22/2011
5. Request form by author unknown, dated 02/17/2011
6. Pre authorization report by author unknown, dated 02/07/2011
7. Pre authorization report by author unknown, dated 01/27/2011
8. Fax page dated 01/20/2011
9. Follow up note by MD dated 09/16/2010 to 01/13/2011
10. Operative report by MD dated 09/03/2010
11. Clinical note by author unknown, dated unknown.
12. Clinical note by author unknown, dated unknown.
13. Pre authorization request dated unknown.
14. Fax page dated 2/23/2011
15. Request for a review by author unknown dated 2/23/2011
16. Fax page dated 2/22/2011
17. Request form by author unknown dated 2/17/2011
18. Pre authorization report & notification by author unknown dated 1/21/2011 to 2/7/2011
19. Official Disability Guidelines (ODG)

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

Name: Patient\_Name

The injured employee is a male with diagnosis of low back pain unresponsive to conservative care measures such as rehabilitation and anti-inflammatories. He was injured in the vicinity of an explosion and fell off a ladder. He has previously been treated with rehab, psychological visits, TENS unit, facet injections, epidural steroid injection and lumbar facet rhizotomy in 2005. He was treated with lumbar facet medial branch block on 9/3/2010 with Depo-Medrol and Lidocaine with 95% pain relief.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The recommendation is to uphold the prior denials of request for lumbar rhizotomy. According to the records, the injured employee suffered a lumbar injury in XXXX treated subsequently with several treatments over a four year period. The injured employee was treated with lumbar rhizotomy in 2005 with complete relief of symptoms for 4-5 years before return of pain in 2010. He has return of low back without apparent reinjury. Previously peer reviewed reports notes that further interventional care is not warranted for the patient's compensable injury. Continued home exercise and NSAIDs are recommended. Current pain is described as mild in nature. The diagnostic blocks performed in September 2010 would not meet ODG criteria for valid diagnostic blockade given the high dosage of steroid injected in addition to the large volume of Lidocaine, 3 cc. According to the guideline 0.5-1 cc of anesthetic, without steroid, per level and side is recommended for valid medial branch block evaluation. Given the history of back injury with resolution of symptoms for several years and recommendation for no further interventional treatments, as well as, lack of diagnostically valid medial branch block, the request for lumbar rhizotomy would not be considered medically necessary. The recommendation is to uphold the previous denial.

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

- ACOEM- AMERICAN 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)