

# 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:** May/06/2011

**IRO CASE #:**

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

Radiofrequency Right Lumbar 3,4,5

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

MD, Board certified in Anesthesiology and 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**

ODG Treatment Guidelines

Utilization review determination dated 04/08/11

Utilization review determination dated 04/18/11

MRI of lumbar spine with and without contrast dated 10/11/10

Clinical records Dr. 11/6/10

Clinical records Dr. 1/5/10

Clinical records Dr. 7/13/10 to 9/20/10

Clinical records Dr. 3/31/11

Procedure reports 1/6/09 to 7/21/09

Clinical records Dr. 4/20/11

Clinical records Dr. 1/13/11 to 1/18/11

IME report dated 02/24/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. On this date he is reported to have slipped and fallen on ice sustaining injuries to the cervical and lumbar spine. The injured employee is noted to have a remote history of back pain ultimately resulting in a laminectomy performed at L4-5 in 1983. The records allude to previous facet injections and rhizotomies unrelated to the most recent injury. Records indicate that the injured employee presented to Dr. with complaints of right greater than left low back pain. His average VAS is reported to be 6/10. He has multiple diagnoses, which include post-laminectomy syndrome, myofascial pain syndrome, chronic neck pain, lumbosacral spondylosis, degenerative disc disease of the lumbar spine. He is noted to have undergone lumbar medial branch blocks at L3, L4 and L5 in Texas with 25% relief for three plus months. The records include MRI of the lumbar spine dated 10/11/10 which notes a mild broad based disc bulge at L4-5 causing moderate left and mild right neural foraminal narrowing. There is moderate facet arthropathy and ligamentum flavum hypertrophy causing moderate left and mild right neural foraminal narrowing. At L4-5 there's a mild broad based disc bulge with facet arthropathy, ligament flavum hypertrophy causing moderate bilateral neural foraminal narrowing. There are some newer findings noted at the L2-3 and L3-4

levels. Records indicate that on 03/31/11 the claimant underwent medial branch blocks at L3, L4 and L5 on the right. His VAS prior to injection was 7/10 and 3/10 10 minutes after injection indicating a greater than 50% relief with this procedure.

The records contain previous utilization review determination dated 04/08/11. The reviewer who is board certified in occupational medicine does not recommend approval for the requested radiofrequency neurotomies at L3, L4 and L5 noting that the claimant had approximately 50% improvement in pain but did not meet the 70% or greater relief required under the Official Disability Guidelines. He further notes that more than two levels are being requested which is inconsistent with the recommended guidelines. Peer to peer consultation did not occur.

On 04/18/11 the request was reviewed by a physician board certified in physical medicine and rehabilitation. The reviewer notes that the injured employee had greater than 50% pain relief from medial branch blocks performed on 03/31/11. However the injured employee did not achieve the 70% or better relief of pain as recommended by ODG. It is further noted that treatment should be limited to two joint levels at one time and that the request is for three levels.

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

The request for radiofrequency neurotomy on the right at L3, L4 and L5 is not supported as medically necessary by the submitted clinical information. The records indicate that the claimant has a long-standing history of low back pain with evidence of facet mediated disease on imaging studies. The injured employee has previously undergone lumbar facet injections performed in which he only achieved 25% relief. He later underwent medial nerve branch blocks on 03/31/11 at more than three levels with greater than 50% relief but less than 70% relief as mandated by the Official Disability Guidelines. Based upon these guidelines the injured employee would not meet criteria for radiofrequency rhizotomy given that the request involves more than two levels and the injured employee failed to achieve 70% relief with the initial medial branch blocks. The reviewer finds there is no medical necessity at this time for Radiofrequency Right Lumbar 3,4,5.

#### **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)