

SENT VIA EMAIL OR FAX ON
Nov/03/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/03/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Si Rhizotomy under fluoroscopy; Right SI under fluoroscopy 1 week apart

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

ANESTHESIOLOGIST

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

Cover sheet and working documents

Utilization review determination dated 09/02/11, 10/21/11

Checklist dated 08/22/11

Follow up note dated 08/22/11, 07/13/11, 05/18/11, 04/26/11, 04/12/11

Operative report dated 07/01/11

Radiography note dated 07/01/11, 04/12/11

MRI lumbar spine dated 04/21/11

Institute Patient profile

Peer to peer dated 08/09/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was moving heavy equipment when he started to feel the pain in his back and lower extremities. The patient reports that he underwent previous neck surgery that helped. He has had back

surgery at L3-4 with a fusion that has helped. Note dated 04/12/11 indicates that the patient has recently had physical therapy and injections without any significant relief. MRI of the lumbar spine dated 04/21/11 revealed moderate central canal stenosis at L2-3 related to a 6 mm posterior disc protrusion exceeding bony spurs to the left of midline and 7 mm right paracentral disc protrusion; degenerative facet joint changes and ligamentum flavum hypertrophy are identified; a subtle grade I spondylolisthesis cannot be excluded. At L3-4 there are bilateral pedicle screws; there is an interbody fusion graft at this level. There is a 4-5 mm broad based posterior disc protrusion exceeding posterior osteophytic spurs at L4-5 with impression on the anterior thecal sac. There is degenerative grade I spondylolisthesis of L5 on S1 with 4 mm broad based posterior disc protrusion; there is minimal bilateral neural foraminal narrowing. Note dated 04/26/11 indicates the patient was recommended for bilateral lumbar facet blocks at L4-5 and L5-S1. Follow up note dated 07/13/11 indicates that the patient underwent medial branch blocks L3, L4 and L5 and reports that he felt like a new person with 0 pain whatsoever for 4 hours after the injections. The patient subsequently underwent bilateral L3, bilateral L4 and bilateral L5 medial branch block on 07/01/11. Follow up note dated 08/22/11 indicates that the patient underwent bilateral SI joint injections and responded very well. On physical examination he is 5'10" and weighs 285 pounds. His lumbar spine is relatively nontender to palpation. He has significant pain over his left SI joint and he is tender to deep palpation over his right SI joint. Motor sensation is intact in the bilateral lower extremities. Gait and station are normal.

Initial request for SI rhizotomy was non-certified on 09/02/11 noting that no documentation was submitted regarding the patient's previous involvement with conservative treatments. No documentation was submitted regarding the patient's formal plan of ongoing evidence based conservative care. The denial was upheld on appeal on 10/21/11 noting that there is no documentation of consistent evidence based guidelines support for SI rhizotomy.

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 Left SI rhizotomy under fluoroscopy; right SI under fluoroscopy 1 week apart is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous SI joint injections; however, the patient's objective, functional response to these injections is not documented. The Official Disability Guidelines do not recommend the performance of SI rhizotomy noting that the use of multiple techniques has been questioned, in part, due to the fact that the innervation of the SI joint remains unclear. There is also controversy over the correct technique for radiofrequency denervation. 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES