



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

Notice of Independent Review Decision

DATE OF REVIEW: 11-10-2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of:
Lumbar Radiofrequency TC Injection at Right T12, L1, L2.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the:
Lumbar Radiofrequency TC Injection at Right T12, L1, L2.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Managed Care

These records consist of the following:

MDR paperwork
Medical Management reviews 11-11-2011, 10-14-2011
Medical Management letter 10-12-2011
Managed Care preauthorization request form 10-12-2011
Health Summary 9-27-2011
MD report 6-29-2011
NP reports 2-16-2011, 4-27-2011, 8-30-2011,
Reconsideration letter undated

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records, this worker was injured on xx/xx/xx when he slipped and fell while cleaning tubs. He apparently developed immediate lower back pain and shortly thereafter, noted difficulty with urinary control. Records indicate that the worker underwent electrodiagnostic studies which showed bilateral radicular changes at L4, L5, and S1. Diskography was said to be positive at the L4-5 and L5-S1 levels with concordant pain. In 1999, the worker underwent surgery for laminectomy and fusion at the L4-5 and L5-S1 levels. Postoperatively, he developed a nonunion and had repeat fusions on January 21, 2001. On February 26, 2004, he had a laminectomy and fusion at the L3-4 level. He apparently experienced ongoing severe pain, incontinence, and depression. The injured worker had lumbar epidural steroid injections in 2006 which provided brief temporary relief. He also had radio frequency neurotomies in 2008 and 2009. The medical record indicates that he had bilateral T12, L1-S1 rhizotomies performed on or about July 16, 2009. This provided 70% relief for two months.

The injured worker's medical records indicate that a CT scan of the lumbar spine showed previous surgical changes at multiple levels. There was said to be some loss of epidural fat compatible with epidural scarring. There was no evidence of disk herniation at the L2-3 or L3-4 interspaces. There was some asymmetrical annular bulging laterally to the right at the L2-3 level. There was no mention in the reports of facet hypertrophy or neural foraminal encroachment.

According to the injured worker's last physical examination by his treating physician, M.D., there was sensory loss or diminution at multiple lumbar levels, absent knee and ankle jerks, positive straight leg raise at 60° bilaterally, and pain on range of motion and limited range of motion in all planes.

The injured worker underwent trigger point injections by his treating physician on June 29, 2011.

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

Recommend denial of the requested service. According to this medical record, this worker was injured in xxxx. He sustained a back injury which resulted in multiple lumbar radiculopathies. He has had multiple surgeries, epidural steroid injections, radiofrequency rhizotomies, trigger point injections, and medications, but continues to experience chronic and incapacitating pain.

According to ODG Treatment Guidelines, facet joint pain, signs, and symptoms are difficult to determine and the current research is somewhat contradictory. The Guidelines do state, however, that suggested indicators of facet mediated pain include tenderness to palpation in the paravertebral areas over the facet region, a normal sensory examination, absence of radicular findings, and a normal straight leg raising exam. The Guidelines do indicate that indicators 2 through 4 could be present if there is evidence of hypertrophy encroaching on the neural foramen. In this medical record, the tenderness in the patient's back is described as "myofascial" and not necessarily localized to the facet areas or even present at the facet areas. There is documentation of loss of sensation, loss of reflexes, and positive straight leg raise. There is no documentation of facet hypertrophy or encroachment on neural foramen in the CT and MRI scan reports available in this medical record.

The ODG Treatment Guidelines indicate that repeat neurotomies should occur only if the duration of relief from previous procedures is documented for at least 12 weeks at greater than 50% relief. The Guides further state that current literature does not support that the procedure is successful without sustained relief (generally of at least six months duration). Also, repeat neurotomies should be based on evidence such as an adequate diagnostic block, documentation of improvement in VAS score, and documented improvement in function. This record provides unclear documentation of the results of prior injections except noting that there was 70% relief from bilateral RFTC on July 16, 2009 lasting two months. There is no clear documentation of improvement in Visual Analog Scale or objective improvement in function other than stating he could water his plants.

This is a complicated, multifaceted case with spine injury and multiple radiculopathies leading to urinary dysfunction and a chronic pain syndrome. Apparently, there is myofascial pain, but facet dysfunction is not clearly identified in this medical record (as defined by ODG Treatment Guidelines). The injured worker has had previous RFTC which apparently did provide some relief but the pain relief and "functional improvement" documented in the medical record does not rise to the objective levels required by the ODG Treatment Guidelines.

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)