

Notice of Independent Review Decision

DATE OF REVIEW: 10/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-S1 Rhizotomy

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

The TMF physician reviewer is board certified in pain management with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the Bilateral L4-S1 Rhizotomy is medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/10/11
- Decision letter – 09/13/11, 09/29/11
- Surgery Scheduling slip/check list – 09/06/11
- Patient Profile – no date
- Office visit notes by Dr. – 05/26/11 to 09/06/11
- Pain diagram from – 03/08/11 to 09/06/11
- Operative report for facet joint blocks by Dr. – 08/12/11
- New patient consultation by Dr. – 03/08/11 to 07/12/11
- Early release report from physical therapy – 07/06/11
- Report of MRI of the lumbar spine – 06/21/11
- Physical therapy pre-evaluation/updated plan of care – 04/18/11
- Report of x-rays of the lumbar spine – 03/08/11

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was walking in the parking lot and slipped, fell onto his buttock and elbow and struck his head. He has been having some left lumbosacral spine pain and pain in the right knee from a twisting motion. The patient has been treated with physical therapy, medications and facet injections. The is a recommendation from pain management for the patient to undergo a bilateral L4-S1 rhizotomy

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

The ODG guidelines require that a physical examination provide evidence of facet being the source of pain and this is met. The ODG guidelines also require a diagnostic block with 70% pain relief for the duration of local anesthetic and this was also met. Therefore, it is determined that the ODG guidelines have been met for the bilateral rhizotomy at L4-S1.

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
- AHCP- 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)