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Notice of Independent Review Decision

IRO REVIEWER REPORT – WC (Non-Network)

DATE OF REVIEW: 04/20/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Radiofrequency thermocoagulation (RFTC) of the bilateral lumbar facets at L4-L5 and L5-S1

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

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is Fellowship Trained in Pain Management and Board Certified by the American Board of Anesthesiology and Pain Medicine. The reviewer has over 23 years of active and current practice in the specialty of 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)

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.

RFTC of the bilateral lumbar facets at L4-L5 and L5-S1 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Lumbar MRI dated 11/23/11 and interpreted by
Evaluations from dated 01/12/12 and 03/13/12
Order notes from dated 01/12/12 and 03/13/12
Procedure note from dated 02/01/12
Notices of Adverse Determinations from dated 03/19/12 (amended 03/20/12) and
03/30/12
Undated summary report from
The Official Disability Guidelines (ODG) were not provided by the carrier or the
URA

PATIENT CLINICAL HISTORY

A lumbar MRI on 11/23/11 demonstrated a 2 mm. L2-L3 disc bulge, a 3 mm. L3-L4 disc bulge with facet hypertrophy, a 4 mm. disc protrusion at L4-L5 with facet hypertrophy, and a 6 mm. L5-S1 disc protrusion with facet hypertrophy. The claimant apparently then had some 21 sessions with Chiropractor who ultimately referred the claimant to for evaluation on 01/12/12. noted the claimant's complaint of low back pain with a pain level of 5/10. The physical examination documented bilateral facet tenderness at L4-L5 and L4-S1, a negative straight leg raising test, and low back pain with extension. then performed bilateral L4-L5 and L5-S1 medial branch blocks on 02/01/12, following-up with the claimant some six weeks later on 03/13/12. The follow-up progress note documented "80% improvement" with the claimant reporting a pain level of 1/10. The physical examination was no different than the previously documented examination. noted that the claimant reported "significantly improved" low back pain for roughly 10 days following the medial branch blocks and that the "pain is slowly returning."

A physician advisor reviewed the request for bilateral L4-L5 and L5-S1 RFTC on 03/19/12 recommending non-authorization. The reviewer noted that the ODG required evidence of a formal plan of additional evidence based conservative care and that there was no documentation of such treatment in the treatment plans. The reviewer also noted no documentation of anti-inflammatory medication trials or of a self directed home exercise program. A second physician advisor reviewed the request on 03/30/12, also recommending non-authorization based on the ODG, no documented use of non-steroidal anti-inflammatories, no "current lower levels of care such as physical therapy," and no new medical information provided for review.

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

The claimant apparently had 21 sessions of chiropractic therapy with no documentation provided as to the nature of that treatment. Following medial branch blocks by on 02/01/12, the claimant's low back pain level decreased from 5/10 to 1/10 as documented by in his follow-up note on 03/13/12. There is not,

as pointed out by the two physician reviewers, any documentation of trials of more conservative treatment such as formal physical therapy or use of anti-inflammatory medications. With a minimal pain level of 1/10 and no evidence of trials or ongoing treatment with more conservative care, RFTC of the lumbar facet joints is not supported by the ODG. Therefore, according to the ODG, the claimant does not meet criteria for the requested procedure and the requested RFTC of the bilateral lumbar facets at L4-L5 and L5-S1 is not medically reasonable or necessary nor supported by ODG. Therefore, the previous recommendations for non-authorization of the requested procedure by two separate physician advisors are upheld at this time.

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 AND KNOWLEDGE BASE
- 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)