

Clear Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L2, L3, L4 Facet Nerve Radiofrequency Ablation

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

M.D., Board Certified Anesthesiology

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

Official Disability Guidelines

Preauthorization review 12/13/11

Peer review report 12/11/11

Preauthorization determination 01/13/12

Peer review report 01/11/12

Preauthorization request form 12/06/11

Appeal request 01/06/11

Preauthorization request form 01/20/12

Office notes M.D. 12/22/10-01/18/12

Post designated doctor evaluation required medical evaluation 03/09/11

Preauthorization certification 11/04/11

Office visit notes M.D. 11/23/11

Operative report bilateral L2, L3 and L4 facet nerve blocks 11/07/11, 10/03/11

Right C3, C4, C5 facet radiofrequency ablation 08/15/11

Right C3, C4, C5 facet joint nerve blocks 06/20/11

Left C3, C4 and C5 facet nerve radiofrequency ablation 05/02/11

Left C3, C4, and C5 facet nerve blocks 02/21/11

Cervical epidural steroid injections 01/10/11

EMG report 01/28/10

MRI left shoulder 06/16/11

CT cervical spine 07/18/09

Partial office note M.D. 10/19/10 (pages 2 and 3 of 3 page report)

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx due to a motor vehicle accident in which he was at a full stop on the freeway and was struck from behind. The

claimant was treated for cervical and lumbar pain. Treatment included epidural steroid injections as well as cervical facet blocks followed by cervical facet radiofrequency ablation at the bilateral C3, C4 and C5 levels. Records indicate that bilateral L2, L3 and L4 facet nerve blocks were performed on 10/03/11 and 11/07/11. Follow-up visit note dated 10/19/11 indicated the claimant reported nearly complete relief of pain for about one week following lumbar facet blocks. Records indicate that the claimant reported 80-90% improvement for the first two days following the repeat injection performed 11/07/11, with 20% residual improvement after the local had worn off.

A request for bilateral L2, L3, and L4 facet nerve radiofrequency ablation was reviewed. Per notification dated 12/13/11 the request was determined to not reach established standards of medical necessity.

It was noted that the claimant was in his car at a full stop when he was struck from behind by another vehicle. Treatment to date was noted to include diagnostic testing, lumbar epidural steroid injection, and cervical epidural steroid injections. The claimant was determined to have reached maximum medical improvement as of 03/09/11 with 10% whole person impairment. He underwent bilateral L2, L3 and L4 facet nerve blocks on 10/03/11 with nearly complete relief of pain for about one week. He underwent confirmatory blocks on 11/07/11. However the reviewer noted that the claimant's objective functional response to the injections was not documented. There were no follow-up notes provided. Therefore the request for bilateral L2-4 facet nerve radiofrequency ablation is not recommended as medically necessary.

An appeal request for bilateral L2, L3, and L4 facet nerve radiofrequency ablation was reviewed and determination dated 01/13/12 upheld previous non-certification. The reviewer noted that there was a diagnostic medial branch block performed 11/07/11. There was noted a 25% relief for the duration of the local anesthetic used. Based on this the request is not supported by Official Disability Guidelines and is not considered medically necessary.

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

The claimant underwent initial diagnostic facet nerve blocks on 10/03/11 and reported nearly complete relief of pain for about one week following injection. A confirmatory block was performed on 11/07/11. Follow-up on 11/30/11 indicated that the claimant reported 80-90% improvement for the first two days following procedure, with 25% residual improvement after the local wore off. Per Official Disability Guidelines, there should be one set of at least 70% relief following diagnostic medial branch block in order to proceed with radiofrequency ablation. The claimant meets criteria. The reviewer finds that the Bilateral L2, L3, L4 Facet Nerve Radiofrequency Ablation is supported as medically necessary.

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)