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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Left Lumbar Facet Rhizotomy Fluoro Sedation L4-5

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

PM&R and Pain Medicine

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 medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Notification of adverse determination 06/01/12
Notification of reconsideration determination 07/04/12
Progress notes Dr. 09/02/11-04/03/12
MRI lumbar spine 07/18/11
Progress notes Concentra medical center (various providers) 06/16/11-03/19/12
Designated doctor evaluation Dr. 11/11/11
EMG/NCV 11/17/11
Progress notes Dr. 05/24/12 and 04/09/12
Patient information sheet
Physical therapy notes 06/22/12
Procedure note left L3, L4 and L5 medial branch block 05/18/12
Peer review Dr. 05/07/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he was injured secondary to lifting. Records indicate the claimant was treated with physical therapy, steroid injection at the sacroiliac joint and medications. He also received Medrol DosePak on several occasions. MRI of the lumbar spine on 07/18/11 revealed broad based disc protrusions at multiple levels of the lumbar spine with no focal disc herniation, no canal

stenosis or foraminal narrowing. Electrodiagnostic testing on 11/17/11 revealed mild L5 right greater than left lumbar radiculopathy. On 05/18/12 the claimant underwent medial branch block on the left at L3, L4 and L5. Claimant was seen in follow up on 05/24/12. He presented with low back pain and left leg pain. He noted his current pain level is 9/10. He states his pain is the same as it was at the previous visit. It was noted the claimant recently was treated with lumbar paravertebral facet injection which was temporarily effective.

A request for left L4-5 facet rhizotomy with fluoroscopy and sedation was determined as not medically necessary per utilization review dated 06/01/12 noting that there was no documentation of initial pain relief of at least 70% following the previous injection. There also was no documentation of a formal plan of additional evidence based activity and exercise in addition to facet joint therapy.

A reconsideration request for left L4-5 facet rhizotomy with fluoroscopy and sedation was determined as not medically necessary per utilization review dated 07/04/12. It was noted that the request was previously denied due to no documentation of initial pain relief of at least 70% following the medial branch block. There was also no documentation of a formal plan of additional evidence based activity and exercise in addition to facet joint therapy. No updated documentation was submitted for this review.

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

Based on the clinical data provided, the request for left L4-5 facet rhizotomy with fluoroscopy and sedation is not supported as medically necessary. Claimant sustained a lifting injury to the low back on 06/15/11. He complains of low back pain and left leg pain. Electrodiagnostic testing revealed evidence of L5 right greater than left lumbar radiculopathy. Despite the presence of radiculopathy, the claimant underwent diagnostic medial branch blocks on the left at L3, L4 and L5. Progress note dated 05/24/12 indicated that the claimant lumbar paravertebral facet injection was temporarily effective; however, there was no objective assessment. Per Official Disability Guidelines, there should be at least 70% pain relief following diagnostic injections lasting an appropriate period of time depending on the analgesic agent used. As noted on previous reviews, there is no documentation that the claimant experienced at least 70% pain relief following injections. There also was no documentation of a formal plan additional evidence based activity and exercise in addition to facet joint therapy as required by Official Disability Guidelines. Accordingly medical necessity is not established for the proposed facet rhizotomy and previous denials are upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES