

Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Rhizotomies Right L3-4, L4-5

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

M.D., Board Certified Anesthesiology/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 medical necessity exists for each health care service in dispute. The reviewer finds medical necessity does not exist for the proposed Lumbar Facet Rhizotomies Right L3-4, L4-5.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Occumed initial medical evaluation, follow-ups, and treatment plans 11/08/11-02/27/12

MRI lumbar spine without contrast 11/18/11

Clinic notes M.D. 02/20/12-04/16/12

Pain management questionnaire 03/06/12

Clinic notes DO, PA 03/07/12-06/20/12

Physical therapy progress reports 03/13/12-03/28/12

Operative report lumbar medial branch blocks 2 levels dated 04/09/12

Utilization review determination dated 06/26/12

Utilization review determination dated 07/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female whose date of injury is xx/xx/xx. She tripped and fell while carrying two big cases of almonds inside freezer hitting her right knee, right groin and low back. She also stated she hit her shin and left side of head, and broke fall with left knee. MRI lumbar spine dated 11/18/11 showed L5-S1 disc bulge in bilateral foramina abutting bilateral L5 nerve roots. At L4-5 there is posterior broad based 2 mm disc bulge with moderate canal narrowing. Degeneration and bulging of T10-11 and T11-12 discs were noted with upper disc abutting the cord. She had medial branch blocks bilaterally at L3-4, L4-5 on 04/09/12. The claimant was seen in follow-up on 06/20/12 with chief complaint of low back pain. It was noted the claimant underwent medial branch blocks on 04/09/12 and pain was 95% gone for approximately 2 weeks. About 2 weeks ago pain started ramping up again. Physical examination reported extension and rotation increases her pain as does forward flexion, but extension causes more negative straight leg raise. There is pain on palpation of lumbar spine at L3-4 and L4-5. The claimant was recommended to undergo facet rhizotomies at L3-4 and L4-5 on right and in the left.

A request for outpatient right L3-4 and L4-5 lumbar facet rhizotomy was denied per utilization review determination dated 06/28/12 noting MRI documented posterior elements is unremarkable and did not comment on any spondylitic change or arthritic change of facet joints. It was unclear what benefit facet rhizotomies would have given these clinical parameters.

A reconsideration / appeal request for lumbar facet rhizotomy right L3-4, L4-5 was denied per adverse determination dated 07/06/12 noting there were inconsistencies with regards to claimant's response to medial branch block performed 04/09/12. Follow-up on 04/16/12 with orthopedic surgeon Dr. notes relate claimant underwent injection one week ago and pain has been worse ever since that time. This would suggest lack of correlation and facet joint mediated pain at negative diagnostic medial branch block. When claimant was evaluated on 06/20/12 by Dr. it was noted the claimant had substantial benefit but improvement was significantly delayed a few weeks after blocks were performed. Given this inconsistency the procedure is not recommended as medically necessary as the diagnostic medial branch block should produce significant benefit in the anesthetic phase immediately following the procedure and a delayed response of over two to three weeks is not consistent with a positive block for justification for radiofrequency ablation to be performed.

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

This claimant sustained an injury to her low back secondary to a trip and fall. She had diagnostic medial branch block bilaterally at L3-4 and L4-5 on 04/09/12. The medical records indicate that the claimant had a delayed response to medial branch blocks until two to three weeks after the injection before experiencing relief. Per Official Disability Guidelines, a diagnostic medial branch block is required with a response of at least 70% or more and pain response should be appropriate for the anesthetic agent used (at least two hours for lidocaine). Noting that the claimant had no positive response to medial branch block during the anesthetic phase, the reviewer finds medical necessity does not exist for the proposed Lumbar Facet Rhizotomies Right L3-4, L4-5.

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)