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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L2-3/L3-4 Paralumbar Facet Rhizotomy #1 Under Fluoroscopy

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 & Treatment Guidelines

Request for IRO dated 05/09/12

Utilization review determination dated 04/20/12

Utilization review determination dated 05/08/12

Clinical records Dr. dated 05/11/06-03/15/12

Clinic note Dr. dated 02/23/10

Operative reports dated 12/19/11, 01/16/12, and 02/16/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a woman who is status post laminectomy with hardware placement secondary to work related injury on xx/xx/xx. Records indicate the claimant had undergone epidural steroid injection on 02/28/06. She is noted to have paralumbar facet tenderness at L2-3 and L3-4. On 02/23/10 the claimant was seen in follow-up by Dr.. She is reported to be status post L4-5, L5-S1 fusion. She is reported to have adjacent level disc and joint disease at L2-3 and L3-4.

On 12/07/11 she was reported to have pain above level of fusion. No surgery is currently planned at this time. Current medications include Hydrocodone and Soma. Physical examination indicates tenderness over the paralumbar facets at L2-3 and L3-4, tenderness over right SI joint. She is recommended to undergo L2-3 and L3-4 posterior primary ramus medial branch block #1. This was performed on 12/19/11. Post procedurally her response is not documented; however, on 01/16/12 second medial branch blocks were performed on right at L2-3, L3-4. It would appear post procedurally she had increased levels of pain and was seen at local ER in xx. She is recommended to undergo right-sided blocks. The next clinic note is dated 02/16/12 which indicates the claimant underwent right L2-3, L3-4 facet rhizotomies.

The initial review was performed by Dr. on 04/20/12. Dr. non-certified the request. He notes that

there is no documented understanding of improvement indicated from the injections and that records indicated that the claimant ended up in emergency room due to an exacerbation of low back pain following the injection. The second injection was performed at the same level on 01/16/12. Once again there is no specific understanding of improvement that was noted with the second injection. He notes that a right L2-3 and L3-4 facet rhizotomy was performed on 02/16/12. He finds that the claimant failed to meet evidence based criteria for facet rhizotomy as he did not meet Official Disability Guidelines for the performance of the procedure.

A subsequent appeal review was performed by Dr. on 05/08/12 who non-certified the request noting that there was a lack of clinical indication for the use of sedation. No individual or no additional information was provided. He notes there is no evidence of adequate response to the previous injections.

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

This woman underwent L4-5 and L5-S1 fusion with adjacent segment disease. There are complaints of posterior element disease. She has undergone aggressive treatment for this condition, which has included multiple medial branch blocks. The records provide no data establishing the claimant's response to these previous medial branch blocks and therefore they cannot be considered diagnostic or therapeutic. Further, the records suggest that the claimant has already undergone a right L2-3 and L3-4 facet rhizotomy on 02/16/12. If in fact this was the case, there would be no clinical indication to perform a repeat facet rhizotomy less than 12 weeks later. There is no objective data to establish that the claimant received appropriate response to medial branch blocks to support the performance of the new procedure. Therefore, and based upon the ODG, the reviewer finds medical necessity is not established for Right L2-3/L3-4 Paralumbal Facet Rhizotomy #1 Under Fluoroscopy.

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)