

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Mar/16/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral L4/5 L5/S1 Rhizotomy each side done one week apart

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

M.D., Board Certified 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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines and Treatment Guidelines  
Notification of adverse determination/partial 01/17/12  
Notification of reconsideration adverse determination 02/17/12  
Office notes including surgery checklist, work comp profile, patient profile, and prescriptions 04/12/11-01/22/12  
Post procedure pain log 07/01/11  
Operative report bilateral L3, L4 and L5 medial branch block with local anesthetic only 07/01/11  
MRI lumbar spine 01/21/11  
Office notes 03/02/11 and 03/16/11  
Physical therapy initial evaluation and progress notes 02/01/11-03/01/11  
Progress notes 02/01/11-02/15/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male whose date of injury is xx/xx/xx. Records indicate he started to feel pain in his back and lower extremities. He complains of low back pain, bilateral lower extremity pain and bilateral groin pain. MRI of the lumbar spine on 04/21/11 revealed moderate central canal stenosis at L2-3 related to a 6mm posterior disc protrusion exceeding bony spurs to the left of midline and 7mm right paracentral disc protrusion. Bilateral pedicle screws were noted at L3 and L4, with interbody fusion graft identified at this level. It is difficult to determine if there is solid interbody fusion. At L4-5 there is a 4-5mm broad based posterior disc protrusion exceeding posterior osteophytic spurs with impression on the anterior thecal sac, borderline central canal narrowing and mild bilateral foraminal narrowing. A synovial cyst projecting from the anteromedial aspect of the right facet joint measuring 8x8x4mm also was noted. At L5-S1 there is degenerative grade 1 spondylolisthesis of L5 on S1 with a 4mm broad based posterior disc protrusion, and minimal bilateral foraminal narrowing. He has had physical therapy and injections without significant relief. Injection reportedly was an in office intramuscular type injection. The claimant was recommended to undergo bilateral lumbar facet medial branch blocks below the level of his fusion. This was

performed on 07/01/11. Based on successful medial branch block, the claimant was subsequently recommended to undergo facet rhizotomy.

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

This man was diagnosed with lumbar facet pain. Diagnostic medial branch block was performed on 07/01/11 with local anesthetic only. Post procedure pain log documented patient had 0 pain level 2 hours after injection, pain level of 1, 3 hours after injection, and pain gradually increasing up to 5 after 4 hours. This is appropriate period of pain relief for local anesthetic only. Official Disability Guidelines require at least 70% pain relief in response to diagnostic medial branch blocks with pain response being at least 2 hours for Lidocaine (in this case Xylocaine was used). Noting there was no corticosteroid or other long-term agents used, there was no indication for long-term medication in activity logs. There is indication the claimant participated in course of physical therapy. He also was provided medications. Noting that this claimant had successful diagnostic medial branch block, the reviewer finds there is a medical necessity for Bilateral L4/5 L5/S1 Rhizotomy each side done one week apart.

**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)