



Southwestern Forensic  
Associates, Inc.

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/22/12

**IRO CASE #:**

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

Right cervical rhizotomy, C3/C4

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., Board Certified in Anesthesiology by the American Board of Anesthesiology with Certificate of Added Qualifications in Pain Management, in practice of Pain Management full time since 1993

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

\_\_\_\_\_ Upheld (Agree)

X  Overturned (Disagree)

\_\_\_\_\_ Partially Overturned (Agree in part/Disagree in part)

Medical necessity per ODG has been demonstrated for the requested procedure.

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Referral
2. Letter from, patient, 2/20/12
3. MD, office notes, 2/22/10 to 1/14/12
4. MD, office notes, 2/8/01 to 1/10/12

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This gentleman was injured on xx/xx/xx. Multiple procedures in the cervical and lumbar areas have been performed including epidural steroid injections, diagnostic facet injections, and radiofrequency rhizotomies. A lumbar spinal cord stimulator has been placed. On 04/05/04, a radiofrequency rhizotomy was performed on the right at C3-C7 after diagnostic after diagnostic median branch blocks. Up to 90% pain relief has

occurred for nine months after the radiofrequency procedure, which has been repeated periodically over the last several years. The last procedure was bilateral cervical rhizotomy on 09/26/11 at C5-C7. On follow-up there is pain above the lesioned levels.

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

ODG endorse no repeat radiofrequency rhizotomy if there is at least 50% pain relief for six months. Dr. Wasserman documents 90-95% pain relief for nine months. The complicating factor in this case is that previously C2-C7 were lesioned where the last radiofrequency procedure was performed at C5-C7 bilaterally. The records document success of that procedure, but pain above that level. Since there has been significant relief from lesioning the area previously, ODG are met to repeat radiofrequency rhizotomy on the right at C3/C4.

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

*(Check any of the following that were used in the course of your review.)*

- ACOEM-American 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)