



ALLMED REVIEW SERVICES INC

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Notice of Independent Review Decision

Date notice sent to all parties: 9/5/12

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medical necessity of Right L3-S1 Radiofrequency Ablation (CPT 64635, 64636 X2, 77003, 99144).

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

Texas Licensed physician with Board Certification in Anesthesiology and Pain Management.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X-Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Review includes:

1. Denial letter for Requested Radiofrequency Ablation of 6/14/12
2. Denial letter for Requested Radiofrequency Ablation of 8/14/12
3. Summary letter from Carrier Attorney dated 8/23/12
4. ODG criteria for Facet Ablation
5. MRI of lumbar spine 3/8/10
6. Peer Review 3/31/10
7. Pain Institute office notes 4/14/10 through 8/8/12
8. Transforaminal epidural injection 5/11/10, 11/15/11 ESI,
9. Medial branch block 6/15/10, 8/3/10, 8/17/10, 11/23/11, 2/8/12,
10. DDE 11/9/10

11. Spinal cord stimulator implant 11/17/10
12. DDE 1/29/10
13. 1/5/11 spinal cord stimulator implant
14. DDE 4/28/11.
15. 11/22/11 lumbar xray

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured at work in xxxx and the patient underwent surgical intervention. Injections, therapy and a spinal cord stimulator were attempted. Additional medial branch blocks were attempted in 2012 and there was insignificant improvement in the documentation despite the suggestion that there was a 65-75% improvement.

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

The two prior reviews make reference to a procedure that was performed around February 2012. They state it is a diagnostic MBB with a response of 65-75%. They based their rejection of the request for a facet rhizotomy on the fact that 3 levels were injected, when only 2 levels should have, and the fact that prior rhizotomies in 2010 were largely not successful.

For the procedure in question, the pain score on admission is 5, while on discharge, it is at 4. Fentanyl and versed were used for the procedure - it is generally recommended that narcotics not be used during these procedures so that they do not change the pain assessment. The procedure started at about 1615, and finished at 1630. 2% lidocaine and steroid were used - the note says that these were diagnostic and therapeutic MBBs. Again, if one is purely doing a diagnostic MBB, steroids will cloud the response.

The procedure finished at 1630 and the patient discharged at 1706. I fail to see how the response was 65-75%. Fentanyl would still be active and steroids were injected probably into the joints. The duration of the local anesthetic effect is not described.

The note does clarify that nerves were injected, so that L3-4, and L4-5 would also include the innervation to L5-S1. So, I am less concerned about this aspect. But, after reviewing the notes, this does not appear to be a valid diagnostic MBB and the response of 65-75% is not backed up by the records. ODG criteria were not met for ablation following the diagnostic medial branch block over the last two years.

IRO REVIEWER REPORT TEMPLATE -WC

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

X-DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

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

X-ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES