Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Mar/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar spine bilateral rhizotomy, levels S1-S4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D. Board Certified Anesthesiology and Pain Management

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

[ ] Upheld (Agree)
[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that medical necessity is established for the requested lumbar spine bilateral rhizotomy, levels S1-S4

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a xx year old male who was followed for a history of low back pain radiating to the bilateral lower extremities and after sustaining injury on xxxxx, MRI of the lumbar spine on 11/01/11 revealed multilevel disc desiccation from L2 to L5 with facet arthrosis noted. The patient was initially seen by Dr. on 12/09/11 for complaints of low back pain localized to the sacroiliac region. The patient also described numbness in the left foot and right testicle with tingling symptoms in the lower extremities. Conservative treatment included 14 sessions of physical therapy and activity modifications. Initial physical examination revealed tenderness to palpation along the bilateral sacroiliac joints and at L4-5. Faber sign and stork test were positive. The patient was assessed with a sacroiliac sprain/strain and was recommended for medial branch blocks from S1 to S4. The patient underwent sacroiliac joint injection on 01/03/12. The patient reported 30-50% improvement in symptoms following the sacroiliac joint injection. Dr. opined

on 01/11/12 that due to the response to sacroiliac joint injections, the patient would be a candidate for S1 through S4 lateral branch rhizotomy. The patient continued to report symptoms in 05/12 and Dr. recommended chiropractic therapy followed by bilateral S1 to S4 lateral branch blocks. As of 07/12, the patient had not yet initiated chiropractic therapy. The patient was then seen by Dr. on 07/11/12 for complaints of continued pain in the sacroiliac joint area. The patient also reported weakness in the right lower extremity. Physical examination revealed limited range of motion in the lumbar spine and decreased motion at the sacroiliac joint with forward flexion. The patient had difficulty with hip flexion and left hip flexion. No neurological findings were noted on exam. The patient was recommended for chiropractic therapy by Dr. and home exercise program. The patient then followed up with Xxxx on 08/28/12 reporting that chiropractic therapy for six sessions was not beneficial. The report indicated that his symptoms were alleviated by a trial of lateral branch blocks and rest. Physical examination revealed continued tenderness to palpation of the lower lumbar spine. No antalgic gait was present and range of motion of the hips was intact. The patient was recommended for continued home exercise program. Follow up at Xxxx on 10/17/12 stated that the patient continued to have pain in the bilateral sacroiliac joint area. Physical examination again revealed tenderness over the bilateral sacroiliac joints with positive Faber sign bilaterally. The patient was again recommended for branch blocks from S1 to S4 to confirm symptoms from the bilateral sacroiliac joints. The patient underwent bilateral lateral branch blocks from S1 to S4 on 12/11/12. Follow up at Xxxx on 12/26/12 reported pain levels at 3/10 on the VAS. The pain was located in the lumbosacral spine. Physical examination was unchanged from prior exams. The clinical record indicated that the patient had 90% improvement in symptoms for greater than 48 hours from the lateral branch blocks on 12/11/12. The request for rhizotomy from S1 to S4 was denied by utilization review on 01/03/13 as guidelines recommended a diagnosis of facet joint pain using medial branch blocks that demonstrated at least 50% relief for a period of six weeks with a formal plan of evidence based conservative treatment and injections limited to two joint levels. The request was again denied by utilization review on 01/17/13 as rhizotomy had not been proven effective and was not supported by Official Disability Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Based on the clinical documentation and from the clinical documentation provided for review, the patient has been followed for continuing bilateral sacroiliac joint pain that has not responded in the long term to chiropractic therapy, physical therapy, medication management, or sacroiliac joint blocks. The patient underwent S1 to S4 lateral branch blocks in 12/12 which resulted in 90% relief of symptoms following the procedure. Based on current Official Disability Guidelines regarding sacroiliac joint radiofrequency neurotomy, the procedure is not recommended due to lack of evidence supporting long term outcomes for the procedures. Recent research into radiofrequency denervation from S1 to S3 has shown that patients had relief of 50% or greater three to six months after the procedure; however, after one year of treatment only a very small subset of patients had any persistent pain. In this case, the patient has failed prior conservative treatment. Exam findings are consistent with sacroiliac joint dysfunction and, as the patient had significant relief from lateral branch blocks from S1 to S4 at 90% for 48 hours, the clinical documentation supports that the pain generators have been identified. At this time, given the lack of response to prior conservative treatment, it is the opinion of this reviewer that the requested S1 to S4 lateral branch rhizotomy would be supported as medically necessary to address the symptoms. This is due to significant response to diagnostic injections and failure of conservative treatment. Although clinical literature recommends further investigation of this treatment option, given the response to the injections it is reasonable to expect that the patient will have significant functional improvement for at least six months facilitating a higher functional level when other conservative treatment has failed. As such, it is the opinion of the reviewer that medical necessity is established for the requested lumbar spine bilateral rhizotomy, levels S1-S4 and the prior denials are overturned.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)