



Medwork Independent Review

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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC

Date: February 13, 2013

SENT

DATE OF REVIEW: 2/11/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar rhizotomy at bilateral L3-4, L4-5 medial branches.

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

Texas State Licensed MD Board Certified Orthopedic Surgeon & Spine Surgeon

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Texas Dept of Insurance Assignment to Medwork 1/24/2013,
2. Notice of assignment to URA 1/24/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 1/24/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 1/24/2013
6. Letter from law office 1/28/2013, letter to physician from insurance plan 12/5/2012, 11/16/2012, neuropsychological reevaluation 6/26/2012, 12/19/2011, 9/13/2010, medical records ranging from 2009-2012 (approximately 800 pages).

PATIENT CLINICAL HISTORY:

The claimant has had a long medical history dating back to xx/xx/xx. The claimant, as noted in records was "struck in the head by a hammer, tied up and kicked on xx/xx/xx." The claimant was documented in numerous records from that facility to have persistent back pain. Diagnoses including from the work accident included that of sprain/strain of the lumbar spine. The



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diagnoses also included lumbar radiculitis. The numerous records included clinical and ancillary test results included computerized range of motion and strength studies over time, extensive therapy, chiropractic was noted to have been administered. The records were noted to include notes throughout numerous years including but not limited to 2011. The extensive therapy treatments were reviewed.

The functional capacity evaluation from 10/21/2010 was also reviewed, revealing that the claimant had 1 out of 5 positive Waddell signs. The claimant at that time was at an only sedentary level of abilities and was felt to have an indication for work hardening.

The claimant was noted to undergo shoulder surgery on the prior 06/07/2010. This was left shoulder surgery including an "SLAP and rotator cuff repair along with distal clavicle resection, acromioplasty, and CA ligament tissue incision with bursectomy."

The records throughout 2010 and 2011 were also reviewed. There was a note documenting possible CRPS involving the great toe of the left foot as of 09/04/2009.

The next records reviewed included a consultation. The records from 09/15/2009 discussed the lumbar strain along with cervical and thoracic strain and cephalgia, anxiety and depression or posttraumatic stress disorder.

The records from 12/05/2011 discussed ongoing "back and leg pain." This was despite an epidural injection on 10/18/2011, which provided 60% relief for approximately a 1 week period. The claimant was noted to have lumbar radiculopathy and spondylolisthesis at L4-L5 along with an HNP at L4-L5.

The claimant was noted to have an indication for microdiscectomy. The follow-up notes discuss the lumbar facet pain at multiple levels of the lumbar spine and a consideration for medial branch blocks to "help reduce his low back pain; if he does have significant relief, he would be a good candidate for rhizotomy or radiofrequency ablation." This was noted on 07/16/2012.

The prior ESI procedure notes were also reviewed, as was the lumbar discectomy partial facetectomy at L4-5 on the left notes on 03/01/2012.

The 09/10/2012 dated note was a pain management consultation. It was noted that there had been the aforementioned lumbar facet blocks on 08/28/2012. The claimant was noted to have persistent and/or recurrent low back pain at the age of 67 along with neck pain. "He denies any radicular symptoms today or arm weakness." The findings further reveal that the claimant was considered for cervical facet injections, and these were administered on 10/19/2012.

On 10/30/2012, it was noted that the claimant "would like a lumbar rhizotomy." It was noted that the back pain was "worse than the neck pain today." The findings reveal documentation of an



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MRI lumbar spine 10/05/2009 revealing facet changes at L4-5 in particular and multilevel disk bulges. The claimant was noted to have been treated with medications and therapy along with the lumbar facet injections that provided "60% to %70% relief." Exam findings included that of "limited motion for extension and rotation compared to flexion along with tenderness at L3 through S1. There was also pain with facet loading." The claimant was considered for the aforementioned rhizotomy. The 11/20/2012 dated note discussed that bilateral L3-4 and L4-5 facet medial branch blocks were done on 08/28/2012 with "60% to 70% relief for 3 to 4 days; these blocks were diagnostic and would not have sustained relief as that is not the intent of the blocks..." The reference was also made to the ODG guidelines.

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

The claimant has had documentation of persistent facet mediated pain. Applicable ODG guidelines do support an indication for a rhizotomy type procedure under certain clinical circumstances. The circumstances include the documentation that there must be facet mediated pain. Applicable ODG guidelines for facet signs and symptoms do recognize that there is facet joint pain and positive signs and symptoms in this case, as there is tenderness to palpation and markedly restricted extension as compared to flexion. With regard to facet joint radiofrequency neurotomy, guidelines do support such treatment if there is a diagnosis of facet joint pain as documented via facet joint diagnostic blocks. The criteria for positive diagnostic blocks, is that they are considered positive when there has been a response of at least 70% for "at least 2 hours for lidocaine." The limitation is for no more than 2 levels bilaterally and if there is well-documented pain that is nonradicular. In this case, no more than 2 levels would be considered for injection. The pain etiology is significantly facet in nature and the claimant has a positive diagnostic testing and evidence of prior failure of medication therapy and restricted activities. Therefore, at this time, in this case, the guidelines do support the request and should be overturned as per applicable ODG guidelines.



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

- 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 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)