

Notice of Independent Review Decision

January 28, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Rhizotomy Bilateral L3-4, L4-5 & L5-S1

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

The physician performing this review is Board Certified, American Board of Orthopedic Surgery. The physician has been in practice since 1982 and is licensed in Texas and Oklahoma.

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 medical necessity exists for each of the health care services in dispute.

The Review finds that the previous adverse determination should be upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records Received: 23 page fax 01/08/13 Texas Department of Insurance IRO request, 72 pages received via Fax 01/08/13 URA response to disputed services including administrative and medical. 13 pages received via Fax 01/09/13 Provider response to disputed services including administrative and medical. Dates of documents range from xx/xx/xx (DOI) to 1/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

This male has a history of multiple lumbar spine surgeries including L4-5/L5-S1 fusion and subsequent hardware removal. The patient currently has imaging

The DYLL REVIEW

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evidence of a solid L4-5 and L5-S1 fusion and evidence of 3-mm diffuse annular bulge with osteophytes at the L3-4 level. has continued to note the patient has persistent low back pain. There was a note that the patient had responded well to facet blocks and rhizotomies in the past, but at this time there is lack of documentation as to the patient's response to the prior facet blocks. on 11/06/12 noted physical examination findings normal SI joint and hip joint exam, marked tenderness across the lower lumbar junction with pain on extension and straight leg raising negative bilaterally at 90 degrees. indicated that the patient continued to have transverse back pain and had responded very well to injections and rhizotomies but again did not address specific response and did not address the prior peer review concern of the *ODG* recommending facet blocks not be utilized at previous fused levels.

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

At this time I recommend noncertification of the requested L3-4, L4-5, and L5-S1 facet blocks in line with *ODG* recommendations that facet blocks and/or rhizotomies are not recommended at previously fused levels and the current records did not offer a rationale supporting deviation from the recommendations. Therefore, I recommend noncertification of the L3-4, L4-5, and L5-S1 facet rhizotomies.

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)**