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Notice of Independent Review Decision

Date notice sent to all parties:

December 26, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Appeal Right L3-L5 Radiofrequency Neurotomy Lumbar

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

Board Certified PM&R; Board Certified Pain Medicine

REVIEW OUTCOME:

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

■ 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:

MRI lumbar spine 06/16/08

Clinical notes 06/17/10-11/08/12

MRI lumbar spine 09/10/10

Procedure note 10/19/10

Closed injection diary 11/05/10
Operative report 11/11/10

Designated doctor evaluation 12/27/10

Procedure operative report 01/06/11

First injection diary 01/06/11

Operative report 08/03/11

Post-injection diary 03/03/11

Previous utilization reviews 01/20/11 and 11/14/12 and 11/30/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back when he was involved in a motor vehicle accident. Clinical note detailed that the patient had been doing well for approximately two years. The note detailed the patient having stepped out of his truck and his back went out on him, resulting in severe low back pain. The patient rated his pain as 9/10 at that time. Upon exam, tenderness to palpation was noted in the lower lumbar spine, specifically at the L4-5 level. The patient was noted to be very stiff and pain was limiting his range of motion in the lumbar spine. Spasms were noted at the lower lumbar region. The note detailed the patient utilizing Mobic Decadron IM and Darvocet for pain relief. Procedure note for MRI of the lumbar spine dated 09/10/10 revealed disc bulges at L2-3 and L3-4 and L4-5. Mild facet degenerative changes were also noted at these levels. The operative report dated 10/19/10 detailed the patient undergoing a right sided L3 through L5 medial branch block under fluoroscopic guidance. Clinical note dated 10/27/10 detailed the patient reporting a 90% improvement following the previous procedure that lasted for two days. Range of motion was noted to be improved in the lumbar region. The patient reported an ongoing 40% relief of pain, however. The patient noted pain on the left. The note detailed the patient undergoing previous course of physical therapy as well

as conservative treatments. The operative report dated 11/11/10 detailed the patient undergoing a right sided L3 through L5 radiofrequency ablation. The operative report dated 01/06/11 detailed the patient undergoing a left sided L3 through L5 medial branch block under fluoroscopic guidance. The post-injection diary, also dated 01/06/11, revealed a 70% reduction in pain for the first six hours and then 80% for 12 hours followed by 90% reduction in pain for up to 36 hours. Clinical note dated 01/20/11 detailed the patient rating his pain as 2/10 at that time. Procedural operative report dated 03/03/11 detailed the patient undergoing radiofrequency ablation on the left at L3 through L5. The patient reported a 50% reduction in pain one week following the procedure and 70-80% reduction in pain the following two weeks. Clinical note dated 03/25/11 detailed the patient rating his pain as 1/10 at that time. Clinical note dated 10/18/12 detailed the patient complaining of constant pain which was rated as 3/10. The patient was noted to have no significant radiculopathy component. Upon exam, tenderness to palpation was noted at the spinous processes in the lumbar region. Clinical note dated 11/08/12 detailed the patient continuing with low back pain bilaterally. Low back pain was noted to be radiating into the buttocks. Sitting and standing and walking all exacerbated his pain. The note detailed the patient utilizing Norco as well as cyclobenzaprine and meloxicam for ongoing pain relief. The patient rated his pain as 2-6/10. The specific request is for right sided L3 through L5 radiofrequency neurotomy. The previous utilization review dated 11/14/12 resulted in a denial for a right sided L3 through L5 radiofrequency neurotomy secondary to a lack of diagnostic criteria being met, including medial branch block at the specific sites intended for radiofrequency neurotomy. Additionally, there was a lack of clinical information regarding additional evidence based conservative care continuing for the patient. The previous utilization review dated 11/30/12 resulted in a denial for a right sided L3 through L5 radiofrequency neurotomy. This was noted to be secondary to a lack of clinical information regarding previous diagnostic blocks, as well as a formal plan of additional evidence based conservative care.

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

The specific request for a right sided L3 through L5 radiofrequency neurotomy is non-certified. The clinical documentation provided for review notes the patient not having a long history of low back pain. The patient was noted to have previously undergone a left sided radiofrequency neurotomy which provided 18 months of significant pain relief. The Official Disability Guidelines recommend a radiofrequency neurotomy provided that the patient meets specific criteria, including significant relief from previous diagnostic blocks, as well as evidence of a formal plan of additional evidence based conservative care in addition to the facet joint therapy. There continues to be a lack of clinical information regarding previous diagnostic along with a response to previous diagnostic blocks, specifically on the right at the L3 through L5 levels. Furthermore, there does not appear to be any

additional clinical information regarding ongoing conservative treatments. Given the lack of clinical information regarding diagnostic blocks or response to diagnostic blocks and taking into account the lack of clinical information regarding ongoing additional evidence based conservative care, this request continues to be non-certified. As such, the clinical documentation provided for review does not support this request at this time.

IRO REVIEWER REPORT TEMPLATE -WC

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

☐ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines, Low Back Chapter, Online Version:
Facet joint radiofrequency neurotomy
Criteria for use of facet joint radiofrequency neurotomy:
(1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).
(2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.
(3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.
(4) No more than two joint levels are to be performed at one time.
(5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.
(6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.