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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Oct/27/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Left L5 dorsal ramus and S1, S2, S3 lateral branch rhizotomy.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Orthopedic Surgery

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a female who sustained an injury on xx/xx/xx. The patient has been followed for chronic low back pain following a lumbar fusion with instrumentation completed at L4-5 in October of 2007. The patient was primarily followed for ongoing chronic pain for which she received analgesics to include Norco as well as Zanaflex. The patient did undergo bilateral sacroiliac joint injections on 10/15/13 performed. The post-injection evaluation on 01/29/14 indicated the patient did have immediate relief following the sacroiliac joint injections that provided approximately 4 months of relief in regards to her symptoms. The clinical report from 08/05/14 indicated that the patient had ongoing relief of symptoms through the summer; however, her symptoms did recently return to a 7/10 in intensity in the bilateral sacroiliac joint regions. The patient's physical examination at the 08/05/14 evaluation did note positive Fortin fingers signs and positive Yeoman's signs bilaterally. There was continuing tenderness to palpation in the bilateral sacroiliac joints. The recommendation was for a bilateral sacroiliac joint rhizotomy at this evaluation. The patient was seen on 08/21/14 with physical examination findings noting decreased range of motion in the lumbar spine and decreased sensory loss in a left L4 through L5 distribution.

The requested left L5 dorsal ramus and S1 through S3 lateral branch rhizotomies were denied on 08/28/14 and 10/01/14 as the procedure was under study and there was no evidence that the sacroiliac joints were the source of pain. There was also no documentation regarding clear diagnostic blocks at the targeted nerves to support rhizotomy procedures.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The patient has been followed for complaints of chronic bilateral sacroiliac joint pain stemming from a prior L4-5 fusion completed in 2007. It is noted that the patient had positive provocative findings on August of 2014 physical examination to support a diagnosis of

sacroiliac joint dysfunction bilaterally. The patient did have a substantial response to bilateral sacroiliac joint injections completed in 2013. In review of the current evidence based guideline recommendations, rhizotomy for the sacroiliac joint is considered still under study. However, given the patient's response to sacroiliac joint injections, there is a potential improvement that could be made with this procedure. Guidelines would recommend targeted branch blocks at the left L5 dorsal ramus as well as the S1 through S3 lateral branches to determine the amount of relief obtained with these targeted blocks before proceeding with rhizotomy of the requested nerves. This is also consistent with guideline recommendations regarding standard radiofrequency ablation procedures in the lumbar spine. As the clinical documentation submitted for review does not identify any targeted diagnostic blocks in the left L5 dorsal ramus or the S1 through S3 lateral branches, it is this reviewer's opinion that the rhizotomy requests for the same nerves would not be supported as medically necessary and the prior denials are upheld.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES