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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 30, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Left Medial Branch Rhizotomy at L5 Dorsal Ramus, S1-S3

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
846.1	64635		Prosp	1			Xx/xx/xx	xxxxx	Upheld
846.1	64636		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported an industrial injury to the low back on xx/xx/xx. The mechanism of injury was not reported in the medical records. The injured employee had an L5-S1 lumbar fusion in 2001.

The first medical records available were from an evaluation. The injured employee was seen six months ago and due for a refill of her Zonegran for radiculopathy and Ultram. Upon physical examination, there was decreased sensation involving the left posterolateral leg and decreased extensor hallucis longus on the left. Sitting root test was positive on the left and hip

motion was negative. The clinical assessment was lumbar radicular syndrome. The recommendation was for Prilosec.

On October 15, 2010, an MRI scan of the lumbar spine reported a postoperative lumbar spine with left laminectomy at L5 and an L5-S1 fusion. There was multilevel degenerative disc and facet osteoarthritis with moderate spinal canal stenosis noted at L4-L5.

On January 4, 2011, the injured employee underwent a caudal epidural steroid injection.

At the follow-up on August 10, 2012, there were subjective complaints of low back and left leg pain. The injured employee had recurrent left trochanteric bursitis which was injected one year ago and was reported to be very helpful. The current medications included Prilosec, Zonegran, Tramadol, Amlodipine, and Lovaza. Upon physical examination, there was tenderness of the paraspinal muscles. Lumbar range of motion was painful. Straight leg raising was normal on the right side. Straight leg raising was positive on the left. There was decreased sensation at L4-L5 on the left. The injured employee underwent a trochanteric bursa injection. The recommendation was to continue current medications.

On follow-up on February 6, 2013, there were subjective complaints of increased left leg weakness and numbness. On physical examination, there was a slow and purposeful gait, antalgic on the left. Straight leg raising was positive on the left at 75°. The left lower extremity strength was 4/5. There was decreased sensation in the L4-L5 and S1 dermatomes. The clinical assessment was lumbar radicular syndrome. The recommendation was for Ultram. The injured employee continued to follow with the treating physicians for medications and medical care.

During the evaluation on January 13, 2014, there were subjective complaints of low back pain and left leg weakness. On physical examination, there was tenderness of the paraspinal muscles. There was decreased active range of motion in the lumbar spine with pain. Straight leg raising was positive on the left. Left light touch was abnormal at the L5 dermatomes. The recommendation was for sacroiliac joint injections.

On February 18, 2014, performed bilateral sacroiliac joint injections. The postoperative diagnosis was bilateral sacroiliac joint strain syndrome and a history of previous lumbar fusion. During the March 11, 2014, follow-up with the Treating Doctor, the injured employee reported some improvement after the injections. Upon physical examination, there was difficulty acquiring a full upright position. There was decreased light touch and the findings were abnormal at the L5 dermatomes. The injured employee continued to follow with the Treating Doctor for medications and medical care.

performed an evaluation on May 12, 2014. The injured employee had previous sacroiliac joint blocks and reported three weeks of pain relief. Current medications included Tramadol, Norco, and Prilosec. Upon physical examination, straight leg raising was positive for the left proximal leg pain. There was a decreased range of motion in the lumbar spine. There was decreased sensation in the left lateral leg. The recommendation was for left medial branch rhizotomy at L5 dorsal ramus S1 to S3.

There was a pre-authorization request on May 6, 2014, which was reviewed who stated the request for radiofrequency of the sacroiliac joint, despite findings with short-term pain relief from prior sacroiliac joint injections, was considered an investigational procedure with no proven benefit per the literature and no support for performing it per the Official Disability Guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

The peer-reviewed, evidence-based, Division-mandated Official Disability Guidelines Hip and Pelvis Chapter, updated March 25, 2014, does not support sacroiliac joint radiofrequency neurotomy. It is not recommended. A recent review of this intervention in a journal sponsored by the American Society of International Pain Physicians found that the evidence was limited for this procedure. Based on the medical records available for review, the previous reviewer's denial, and the peer-reviewed, evidence-based Guidelines; the request for medical necessity of proposed left medial branch rhizotomy at L5 dorsal ramus S1 to S3 would not be medically supported.

As noted in the Division-mandated Official Disability Guidelines, Not recommended. Multiple techniques are currently described:

1. A bipolar system using radiofrequency probes (Ferrante, 2001),
2. A sensory stimulation-guided sacral lateral branch radiofrequency neurotomy,
3. Lateral branch blocks (nerve blocks of the L4-L5 primary dorsal rami and S1-S3 lateral branches) (Cohen, 2005), and
4. Pulsed radiofrequency denervation (PRFD) of the medial branch of L4, the posterior rami of L5 and lateral branches of S1 and S2. (Vallejo, 2006)

This latter study applied the technique to patients with confirmatory block diagnosis of sacroiliac joint pain that did not have long-term relief from these diagnostic injections (22 patients). There was no explanation of why pulsed radiofrequency denervation was successful when other conservative treatment was not. A > 50% reduction in Visual Analogue Scale (VAS) score was found for 16 of these patients with a mean duration of relief of 20 ± 5.7 weeks. The use of all of these techniques has been questioned, in part, due to the fact that the innervation of the sacroiliac joint remains unclear. There has also been controversy over the correct technique for radiofrequency denervation. A recent review of this intervention in a journal sponsored by the American Society of Interventional Pain Physicians found that the evidence was limited for this procedure. (Hansen, 2007) See also Intra-articular steroid hip injection and Sacroiliac joint blocks.

Recent research:

A small randomized controlled trial concluded that there was preliminary evidence that S1-S3 lateral branch radiofrequency denervation may provide intermediate-term pain relief and be of functional benefit in selected patients with suspected sacroiliac joint pain. One, three, and six months after the procedure, eleven (79%), nine (64%), and eight (57%) of the radiofrequency-treated patients experienced pain relief of 50% or greater and significant functional improvement. In contrast, only two patients (14%) in the placebo group experienced significant improvement at their one month follow-up, and none experienced benefit three months after the procedure. However, one year after treatment, only two patients (14%) in the treatment group continued to demonstrate persistent pain relief. Larger studies would be needed to confirm these results and to determine the optimal candidates and treatment parameters for this poorly understood disorder.

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
- XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- XX 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)