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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 2/25/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a bilateral L5/S1 lumbar facet rhizotomy; left side 1st, right side 2nd.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a bilateral L5/S1 lumbar facet rhizotomy; left side 1st, right side 2nd.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 2/4/14 fax transmittal page, 1/9/14 denial letter, 3/19/13 to 1/28/14 office notes, and 5/7/13 to 5/8/13 procedure notes.

12/4/13 denial letter.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This female reported an injury xx/xx/xx. She was diagnosed with post laminectomy syndrome of the lumbar spine. On June 2, 2003 she underwent anterior lumbar interbody fusion at L3/4 and posterior fusion L4 to S1. On January 30, 2004 she had a left L3 to L5 discectomy. On September 1, 1999 an anterior lumbar fusion L5/S1 was done. She has had ESI, Medial branch blocks, facet injections and a prior dorsal column stimulator placed. The Sept 12, 2011 CT of the lumbar spine shows posterior fusion L3 to L5. There are multilevel degenerative changes. EMG shows bilateral L5/S1 radiculopathy. She still has low back pain and left leg pain. Facet injections are documented as providing 80% improvement for 2 and ½ weeks. She uses MS Contin, Ambien, Bupar, Celebrex, Lyrica and Robaxin.

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

The request is not supported by the ODG. Facet rhizotomy is under study and there is conflicting evidence available as to the efficacy of the procedure. This claimant had facet injections and there is no documentation of increased function or decreased medication usage after the injection. The claimant also has had a fusion L3 to S1 and there was no evidence of motion of the facet joints. The below criteria have not been met; therefore, the requested service is not medically necessary at this time. According to the ODG, conflicting evidence is available as to the efficacy of this procedure and approval of treatment should be made on a case by case basis. One study suggests pain benefit without functional gains, potential benefit if used to reduce narcotics. Studies have not demonstrated improved function. RF neurotomy was not a total treatment and it provided relief for only one component of the patient's pain. When compiled into systematic reviews, the evidence has been found to be conflicting for a short term effect and moderate to strong for a long term effect when compared to placebo. Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation and cutaneous hyperesthesia. Neuritis is the most frequent complication.

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.

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)