

# P-IRO Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Oct/13/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5, L5-S1, S1-2 rhizotomy

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

Board Certified Orthopedic Surgeon

### 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 health care service in dispute.**

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back on xx/xx/xx. The patient reported significant low back pain. A clinical note dated 11/09/06 indicated the patient undergoing physical therapy and injections which provided temporary relief. The patient utilized Norco at that time. The patient rated the pain 8/10. The operative report dated 08/16/11 indicated the patient undergoing L4-5 and L5-S1 facet joint block. The operative note dated 12/27/13 indicated the patient undergoing L4-5 and L5-S1 facet joint blocks on the right. The operative report dated 03/13/14 indicated the patient undergoing medial branch blocks on the right at L4-5 and L5-S1. The radiology report dated 05/29/14 indicated the patient had degenerative findings worsened at L2-3. The CT scan revealed severe disc height loss with masking disc vacuum disc phenomenon at L2-3. A clinical note dated 06/06/14 indicated the patient continuing with low back pain and undergoing two level arthroplasty approximately 10 years prior. The patient continued with significant posterior lumbosacral spine pain. The CT scan indicated facets at L4-5 showed no major issues. The patient utilized Flexeril for pain relief. The operative note dated 08/08/14 indicated the patient undergoing medial branch blocks at L5-S1. A clinical note dated 08/22/14 indicated the patient being recommended for facet rhizotomy at L5-S1. The patient had good transient relief following medial branch blocks at L5-S1. The utilization review dated 09/17/14 and 09/22/14 resulted in denials for medial rhizotomies at L4-5, L5-S1, and S1-2 as no more than two levels are recommended for procedure of this nature. It is unclear if the patient underwent diagnostic facet injections.

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

The patient continued with complaints of low back pain despite previous disc arthroplasty at L4-5 and L5-S1. A rhizotomy is indicated in the lumbar spine provided that the patient meets specific criteria, including low back pain that is non-radicular in nature and the procedure is for no more than two levels. The request includes L4-5, L5-S1, and S1-2 rhizotomy which exceeds guideline recommendations as no more than two levels are to be provided for any one procedure. Additionally, it is unclear if the patient underwent any L4-5 or S1-2 diagnostic injections as no information was submitted regarding these levels. Given the lack of information confirming completion of diagnostic procedures at all three levels and taking into account the three level request the proposed procedure is not fully indicated. As such, it is the opinion of this reviewer that the request for L4-5, L5-S1, and S1-2 rhizotomy is not recommended as medically necessary.

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

- ACOEM-AMERICA 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)