

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sep/03/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L5/S1 facet rhizotomy, fluoroscopy, sedation

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

Board Certified Anesthesiologist

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 sustained an injury on xx/xx/xx and was followed for persistent complaints of low back pain despite physical therapy through 01/14. The patient also had minimal improvement with multiple medications including anti-inflammatories muscle relaxers and narcotic analgesics. Prior MRI of the lumbar spine noted degenerative disc disease primarily at L4-5 with a disc protrusion that did not contribute to nerve displacement or deformity. Electrodiagnostic studies on 04/16/14 found no evidence for lumbar radiculopathy. The patient underwent right L5-S1 medial branch block on 07/02/14. The patient was seen on 07/10/14 reporting almost 100% reporting continuing low back pain 8/10 in severity. The patient reported no benefit from the last series of facet injections. Physical examination noted positive straight leg raise to the left at 75 degrees causing low back pain. Lumbar range of motion was mildly reduced with pain on facet loading to the right. The patient was recommended for radiofrequency ablation to the right at L5-S1. The requested right L5-S1 facet rhizotomy with fluoroscopy and sedation was denied by utilization review on 07/16/14 as there was no clinical documentation regarding positive diagnostic facet blocks to support the request. Follow up on 07/29/14 noted that the patient had significant relief from the facet injections in 07/14 with 80-90% reduction in pain. Physical examination findings did not change. Recommendation was still for facet rhizotomy to the right at L5-S1. The request was again denied by utilization review on 07/28/14 as there was evidence of left lower extremity radicular pain with positive straight leg raise findings.

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

Based on clinical documentation submitted for review the patient has been followed for ongoing complaints of low back pain with pain on facet loading. This has not improved with conservative treatment including physical therapy or medications including anti-inflammatories and analgesics and muscle relaxers. The patient had a diagnostic right L5-S1 medial branch block in 07/14. Clinical record noted the clinical record from 07/29/14 noted 80-90% improvement of symptoms with this medial branch block. Given the positive diagnostic block and ongoing objective findings consistent with facet mediated pain and as imaging and electrodiagnostic studies found no clear evidence of lumbar radiculopathy this reviewer would recommend it is the opinion of this reviewer that the proposed facet rhizotomy procedures with fluoroscopy and sedation would be indicated as medically necessary per guidelines recommendations. Therefore the prior denials are overturned.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES