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An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine And Rehab

Description of the service or services in dispute:

Bilateral Rhizotomy L4-L5, L5-S1, MBRF

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)

Patient Clinical History (Summary)

The patient is a xxxx. On xxxxx, a MRI of the lumbar spine revealed L4-5 no nerve root compression or displacement or central or neural foraminal stenosis. There was midline annular fissure with generalized annular disc bulging. At L5-S1 there was 1-2mm midline disc bulge which was contained by the ventral fat. There was no mass effect on the S1 nerve roots or central or neural foraminal stenosis.

On 09/03/14, the patient was taken to surgery for facet medial branch blocks L4-5 and L5-S1 with fluoroscopy and IV sedation.

On 10/28/14, the patient returned to clinic and had pain rated 7-8/10 involving sharp pain radiating down his leg. Symptoms were mostly aggravated by lumbar spine flexion/extension and side bending to the left. He denied lower extremities weakness or bowel or bladder changes. Facet blocks on 09/03/14 gave him approximately 70% relief for three to four days. Physical examination found that he had 5/5 strength in all muscle groups tested and sensation was intact in bilateral lower extremities. Deep tendon reflexes were 1/4 at bilateral patella and Achilles. He had mild left sided antalgic gait.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

On 10/31/14, previous utilization review noted the request was non-certified as the records indicated there was no plan beyond the facet joint injection. On 11/19/14, physician advisor report noted the requested bilateral rhizotomy L4-5 and L5-S1 was not supported. It was noted that Guidelines recommend a response of equal to or greater than 70% pain relief, and the clinical evidence submitted noted the patient only received 50% pain relief with the injections. Therefore the request was non-certified.

The submitted records indicated the patient was seen on 10/28/14 and got approximately 70% relief for three to four days for the medial branch blocks on 09/03/14 bilaterally at L4-5 and L5-S1. Guidelines indicated that facet joint radiofrequency neurotomy require a diagnosis of facet joint pain using medial branch blocks. One set of diagnostic medial branch blocks is required with response of equal to or greater than 70% and pain response should have lasted at least two hours if lidocaine was used. The procedure on 09/03/14, medial branch blocks, utilized steroid and Marcaine. The response would have been appropriate for the medications given. Guidelines recommended no more than two joint levels to be performed at one time and there should have been evidence that a formal plan of additional evidence based conservative care in addition to facet joint therapy. The request is for L4-5 and L5-S1 which was appropriate. The patient received equal to or greater than 70% leaf for at least three to four days. Therefore, it is the opinion of the reviewer that the request for bilateral rhizotomy L4-5 L5-S1 MBRF is medically necessary and the prior denials are overturned.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice Parameters
- Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)