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Notice of Independent Review Decision

DATE: August 30, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient ASC Facet Rhizotomy L4-L5, L5-S1, Right Side 1st Day, Left Side 2nd Day, 64635 x 2, 64636 x 2

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is certified by the American Board of Anesthesiology with over 6 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who injured his back while moving x while working on xx/xx/xx.

01/27/14: The claimant underwent L5-S1 discectomy.

03/26/14: The claimant was evaluated for new onset right-sided radiculopathy that started the week prior. He had positive SLR on the right on exam. The plan was to obtain an MRI scan.

04/11/14: The claimant followed up to review his MRI scan. He had 4/5 right quadriceps strength on the exam. His MRI scan of the lumbar spine obtained on 04/07/14 was reviewed and demonstrated a 10 x 13 mm area of increased signal at the area of the right L5 nerve root, consistent with either a fluid collection or re-herniated disc fragment. The plan was for redo discectomy.

05/08/14: The claimant underwent redo L5-S1 discectomy.

05/06/14: The claimant was evaluated postoperatively. He complained of increased pain to his right leg since surgery, similar in nature to muscle spasms, which would come and go. He was to return in one week.

05/30/14: The claimant was reevaluated with complaints of continued low back pain and pain in his right buttock and right lateral thigh, unimproved since last visit. There was no neurological change since previous visit. ordered a lumbar MRI and was to call him with the results. He was to return on an as-needed basis.

12/16/14: The claimant filled out a self-evaluation and noted that treatment he had tried included hydrocodone and Lyrica use, physical therapy 2 months prior that did not help, and injections in 2013. He reported depression, stress, and agitation. He rated his pain as 5 to 6 out of 10 in his back and right leg.

12/22/14: The claimant was evaluated for low back and right leg pain. On exam, his gait was antalgic and compensated. DTRs were normal. Strength was normal. He had paraspinal tenderness and spasms bilaterally. He had L4-L5 and L5-S1 non-radicular facet joint tenderness. He was able to perform heel and toe walking. Newton's test was positive bilaterally. SLR was positive on the right side. Gaenslen's was positive bilaterally. He was diagnosed with lumbosacral radiculopathy, post-laminectomy syndrome, HNP, lumbar facet pain, and myofascial syndrome as well as right L4, L5, and S1 neuropathy and radiculitis, reactive depression, and chronic pain syndrome. His narcotics were renewed. The plan was to get right L5 and S1 nerve root injection. It was noted that his MRI was reviewed showing scarring in the area of his surgery with L5 and S1 spinal nerve roots affected. Note was also made that he needed transforaminal ESI as he had not responded to physical therapy. He was given education regarding the medication regimen, procedure, and structure specific exercises.

04/08/15: The claimant was evaluated for complaints of low back pain. It was noted that he had left-sided lumbar facet block at L4-L5 and L5-S1 on 03/11/15 with 60% improvement for 2 weeks. His pain level prior to the procedure was noted to be 5/10. Post-procedure, his pain was 2/10. He stated that his Lyrica was causing tremors and that he was nervous about other testing. On exam, he appeared to be in mild distress. His DTRs were normal. His gait was antalgic. He had paraspinal muscle tenderness and spasms bilaterally. He had right greater than left facet joint tenderness and muscle spasm in the back with pseudo-dermatomal radiation in the back, buttock, tail bone, hip, thigh, and leg, L3-L4, L4-L5, and L5-S1. SI joints were tender to palpation. He was able to perform heel and toe walking. SLR was negative. Gaenslen's was positive bilaterally. Lyrica was discontinued, and he was started on Neurontin. He was to use topical and heat as needed and return in 2 months.

05/12/15: The claimant was evaluated for lower back pain and right leg pain. He noted that his activities of daily living had improved and that his pain medication was working. His pain was noted to have changed to both sides, right greater than left. He reported 90% improvement for a duration of 5 weeks following left-sided lumbar facet blocks at L4-L5 and L5-S1 performed on 03/11/15, and he stated that he took less meds. His pain was coming back again and beginning to rise to higher and higher levels again. On exam, he appeared to be in severe distress. His reflexes were normal. His gait was compensated, and he limped. He had tenderness in the L4-L5 and L5-S1 facets. Newton's test was positive bilaterally. SLR was negative. Tripod sign was positive bilaterally. Gaenslen's was positive bilaterally. He had painful active ROM. ordered lumbar facet rhizotomy/RFTC at L4-L5 and L5-S1, right side first and left side second. He was instructed to take medications as prescribed. He was given patient education regarding medication regimen, nutrition, procedure instruction, and structure specific exercises. His medications were refilled.

05/26/15: UR. RATIONALE: The patient underwent lumbar facet blocks at L4-L5 and L5-S1 on the right and on 03/11/15 on the left. When the patient returned to the clinic on 04/08/15, pain level pre-procedure was rated 5/10 and post-procedure 2/10. The patient reported 60% improvement for duration of 2 weeks following the procedure. The procedure was performed with IV conscious sedation under supervision and local. Local anesthetic and steroid injection was then injected. While it was noted the patient received 60% pain relief for approximately 2 weeks from the facet injections, guidelines require 1 set of diagnostic medial branch blocks with a response of equal or greater than 70% lasting at least 2 hours for lidocaine prior to undergoing this procedure. Additionally, the use of IV sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety, and the records do not indicate the patient had extreme anxiety. Thus, the results of the facet block are in question due to the use of sedation. Additionally, the records do not indicate that this patient is currently undergoing physical therapy as guidelines recommend evidence of a formal plan of additional evidence based conservative care in addition to facet joint therapy.

07/01/15: UR. RATIONALE: Additional records were not submitted. Facet rhizotomy is under study and is not supported. Previous facet injections were performed on this claimant with IV sedation which is grounds to negate the results of the block according to the guidelines. There is no documentation of additional evidence-based conservative

care in addition to facet joint therapy such as physical therapy or a home exercise program as required. Repeat blocks are not supported unless there is greater than 50% pain relief for 12 weeks, which was not noted.

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

The previous adverse decisions are upheld. Facet rhizotomy is still investigational and, thus, is not supported. Previous facet injections performed on the claimant negate the necessity of rhizotomy. Additionally, there is no documentation of failure of additional evidence-based conservative care in addition to facet joint therapy such as physical therapy or a home exercise program as required. There is no documentation of greater than 50% pain relief for 12 weeks as required per ODG. Therefore, this request for Outpatient ASC Facet Rhizotomy L4-L5, L5-S1, Right Side 1st Day, Left Side 2nd Day, 64635 x 2, 64636 x 2 is non-certified.

ODG:

Facet joint radiofrequency neurotomy	**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)**