

Health Decisions, Inc.

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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Neurotomy L4, L5, S1 – Left side

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified in Neurology for over 42 years

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]: Pt is a XXXX with a work injury XXXX sustained in XXXX. XXXX now suffers from low back pain, lumbar radiculopathy, facet arthrosis, lumbar spine stenosis and HNP lumbar without myelopathy. XXXX insurance company is denying XXXX neurotomy L4, L5, S1 – Left side.

XXXX – Neurosurgery Office Visit-XXXX: Chief complaint – low back pain. HPI: XXXX is a XXXX right-handed pt who comes in today with complaints of low back pain. The pain radiates to right lower extremities. This is a work injury that occurred on XXXX. The pt describes the discomfort as aching. The pt rates their pain at an 8/10. The pt complains of weakness in the lower back. The pt is able to apply heat. XXXX had an MRI prior to today's visit. XXXX has been to 0 PT sessions in the last year. The pt has had 0 epidural steroid injections in the last year. XXXX has seen a chiropractor 0 times. The pt has not had any loss in bowel or bladder control and XXXX utilizes no assistive devices. The pt was assessed using the Oswestry Disability Index questionnaire. Impression: Low back pain with radiculopathy; Facet arthrosis; Foraminal stenosis. Plan: Pt complains of low back pain with pain and numbness to XXXX right leg, buttock, lateral thigh and to XXXX knee. Reviewed MRI lumbar spine images and discuss possible treatment options. These included #1 to manage XXXX symptoms pharmacologically, #2 complete physical therapy. I provided a prescription for PT and plan to follow up with the pt in 1 month after completion of therapy. I also gave XXXX a prescription for Neurontin 300mg 1 by mouth daily at bedtime and tramadol 50 mg 1 by mouth 3 times a day when necessary. At this time the pt denies any additional questions or concerns, encouraged to notify out office of any worsening symptoms.

XXXX – Neurosurgery Office Visit-XXXX: XXXX is a **XXXX**, right handed pt who comes in today with complaints of low back pain. The pt describes the discomfort as a dull pain; achy. XXXX rates XXXX pain at a 6/10. The pt complained of back stiffness. XXXX has been to 8 physical therapy sessions in the last year with little to no relief. The pt has had 0 epidural steroid injections in the last year. The pt has had 0 facet blocks in the last year. XXXX has had 0 nerve blocks in the last year. The pt has had 0 SI joint injections in the last year. The pt has had 0 genicular injections in the last year and has seen a chiropractor 0 times. XXXX hasn't had any loss in bowel or bladder control and utilizes no assistive devices. Impression: Low back pain with radiculopathy; Facet arthrosis; Foraminal stenosis. Plan: Pt is following up today after completing PT. XXXX is also been taking Neurontin 300mg by mouth daily at bedtime. XXXX states that XXXX does have some pain relief for short period of time after PT but the pain returned soon after. XXXX says the Neurontin does help XXXX sleep at night but pain persists and XXXX low back and bilateral lower extremities, today it is worse on the left. With PT not significantly helping with XXXX pain relief, I will recommend an epidural steroid injection at L4-5 on the left. XXXX will follow up 2 weeks after the epidural steroid injection.

XXXX – Neurosurgery Office Visit-XXXX: XXXX comes in today with complaints of ESI FU/Back pain. The pt is here to follow up after ESI at L4-5 on the left. The pain level has gone down, not totally, but at least 50%. When XXXX is trying to do normal activity at work, the pain returns. Sitting too long prolongs XXXX pain. XXXX states sometimes XXXX pain is on the left and sometimes it is on the right. The pt complains of a throbbing sensation. The pt complains of when XXXX gets up from sitting. The pt rates their pain at a 4/10. The pt complained of back stiffness. The pt has been to 0 PT sessions in the last year. The patient has had 1 epidural steroid injection in the past year with good relief. The pt has had 0 facet blocks in the last year; 0 nerve blocks, 0 SI joint injections; 0 genicular injections in the last year. The pt has not had any loss of bowel or bladder control nor uses any assistive devices. Impression: Low back pain with radiculopathy; Facet arthrosis; Foraminal stenosis. Plan: The pt states the ESI has helped about 50% with XXXX pain. XXXX states that the gabapentin has helped with XXXX numbness and tingling and helps XXXX sleep. The pt has finished XXXX PT. XXXX states the Tramadol does help with XXXX pain. We will refill the gabapentin for XXXX. It was discussed with the pt that XXXX can have an ESI 3 times a year. We would like to try the gabapentin prior to getting another ESI. The pt is asked to call us in 2 weeks to let us know how XXXX is feeling on the gabapentin. We will write work restrictions for lifting no more than 15 pounds. No more than 2 hours of XX. XXXX will follow up in 2 months.

XXXX – XX Visit-XXXX: Chief complaint: Follow up after ESI. The pt is here with complaints of FU after ESI at L4-5 on the right #2. XXXX states that after the first two weeks XXXX felt great. As XXXX increases XXXX walking with XXXX job, XXXX states that the pain is returning slowly. The pt is worse at night. XXXX is taking gabapentin 300 qhs. XXXX states that the pain returns in the morning. The pain radiates to bilateral lower extremities. The pt complains of a throbbing sensation and describes the discomfort as aching. XXXX has had PT of the lumbar spine. XXXX rates XXXX pain at a 3/10. XXXX complains of weakness in the lower extremities and tightness in the lower back. The pt is able to use icy hot. Pt has had 2 ESIs in the last year. XXXX has not had any loss in bowel or bladder control. Impression: Low back pain with radiculopathy; Facet arthrosis; Foraminal stenosis. Plan: The pt is here today to f/u after ESI #2. XXXX states only 2 weeks relief from XXXX pain with the second ESI. The pt has had good relief with either of these treatments. Facet blocks were discussed as the next line of treatment with the pt as diagnostic tests. The facet blocks will be at L4, 5, and S1 bilaterally. Other option is to increase the gabapentin to 300mg bid. The pt is agreeable to the facet blocks. We will increase XXXX gabapentin to 300mg bid qhs. XXXX will be seen in f/u after the facet blocks have been obtained.

XXXX – Neurosurgery Office Visit-**XXXX**: Chief complaint: back pain. Pt complains of back pain; the pain radiates to bilateral lower extremities more on right leg. The pt states that **XXXX** hurt **XXXX**. **XXXX** describes the pain as sharp. **XXXX** complains of a throbbing sensation and describes this discomfort as aching. **XXXX** complains of weakness in the lower extremities and back stiffness and tightness. The pt has had 2 ESIs in the last year. **XXXX** has had no loss of bladder or bowel control. Impression: Low back pain with radiculopathy; Facet arthrosis; Foraminal stenosis. Plan: the pt is here to discuss denial of facet blocks. **XXXX** has had two ESI blocks at L4-5 on the right which did not help **XXXX**. **XXXX** also has had PT which did not help **XXXX**. I have reviewed the pt's MRI and it shows enlargement of the facet joints, as well as disc problems. Combination of anterolisthesis, disc bulging, and facet joint hypertrophy produces mild-to-moderate bilateral L5-S1 neural foramen stenosis and **XXXX** cause of **XXXX** pain. The ESIs did not help, since there is facet joint hypertrophy and back pain also along with the radicular pain I recommend the facet injections. We will order a CT/myelogram of the lumbar spine, flexion and extension views of the lumbar spine, and a 35" standing spine series. The pt will be seen for f/u with **XXXX** to discuss further treatment and surgical planning.

XXXX – Operative Report- **XXXX**: Pre-op diagnoses: Low back pain; Lumbar radiculopathy; Degenerative disc disease; Lumbar spondylosis. Post-op diagnoses: Low back pain; Lumbar radiculopathy; Degenerative disc disease; Lumbar spondylosis. Procedure performed: Lumbar myelography with CAT scan to follow as a pre-op diagnostic test. Exam Desc: CT intrathecal con – lum. Findings/Impression: L4-5 disc space: Broad-based disc osteophyte complex noted causing moderate encroachment upon the anterior aspect the dural sac and neural foramina. Facet joint laxity noted. Thickening of the ligamentum flavum is noted. As cause prominent spinal canal stenosis and moderate bilateral neural foraminal stenosis. L5-S1 disc space: Broad-based disc osteophyte complex noted causing moderate encroachment upon the anterior aspect the dural sac and neural foramina. Degenerative changes are present involving facet joints. There is thickening of the ligamentum flavum. Findings cause prominent spinal canal stenosis and moderate bilateral neural foraminal stenosis. CT evaluation lumbar spine obtained post myelogram is otherwise unremarkable. Exam Desc: Spine – L flex/ext only 2-3 vws. Reason for exam: Low back pain with radiculopathy. Technique: Lateral view of the lumbar spine with flexion and extension. Findings/Impression: A slight anterolisthesis of L5 on S1, otherwise, normal spinal alignment is present. Vertebral body heights and disc spaces are maintained. No abnormal translational motion is identified with flexion or extension. Spondylitic changes of the facet joints are present. Exam Desc: Spine entire 2 or 3 views. AP and lateral views of the entire spine were obtained. Findings: AP view: There is no significant convexity of the thoracic or lumbar spine.

XXXX – Neurosurgery Office Visit- **XXXX**: Chief complaint: Low back pain. Pt comes in today with complaints of low back pain that radiates to **XXXX** hips. This is a work injury that occurred on **XXXX**. This began on or around **XXXX**. Post injury sustained while **XXXX** into the **XXXX**. The pt describes the discomfort as aching and **XXXX** complains of pain increase with physical activity. The pt rates their pain at 3/10. **XXXX** complains of numbness of the hands and weakness in the lower extremities. The pt has had a Myelo/CT and plain film x-rays. The pt has not had any loss in bowel or bladder control and **XXXX** utilizes no assistive device. Impression: Low back pain with radiculopathy; Facet arthrosis; Lumbar spinal stenosis; Lumbar HNP without myelopathy. Plan: The pt presents for a f/u. **XXXX** complains of low back pain that radiates to hips. This is a work injury that occurred on or around **XXXX** post injury sustained while **XXXX**. The pt has failed to improve with PT and ESIs. I have reviewed the pt's CT/myelogram of the lumbar spine from **XXXX** and have gone over the findings with **XXXX** in the office today. My recommendation is for diagnostic facet blocks at L4, L5, and S1 bilaterally. I have gone over the procedure in detail with pt in office. If **XXXX** has good pain relief with the facet blocks, **XXXX** will be a good candidate for rhizotomy. I have briefly discussed the details of the rhizotomy and advised the pt that it would help **XXXX** leg pain by 80% and back pain by 70%. The pt is in agreement

with this plan and will follow up after the facet blocks are complete.

XXXX – XX Visit-XXXX: Chief complaint: low back pain. Pt comes in today with complaints of low back pain that radiates to bilateral lower extremities. XXXX complains of a burning sensation and describes this discomfort as aching. XXXX rates XXXX pain as 6/10. The pt is able to apply heat alternating with ice. The pt has had 1 facet block in the last year. XXXX has not had any loss in bowel or bladder control and uses no assistive devices. Impression: Low back pain; Lumbar radiculopathy; Facet arthrosis; Lumbar spinal stenosis; Lumbar HNP without myelopathy. Plan: I have reviewed the pt's previous office visit note from neurosurgery which shows the pt had facet blocks at L4, L5, and S1 on the left. The pt states that XXXX had 80% pain relief from the facet blocks. I have reviewed the pt's list of all current meds. I have examined the pt today and found the pt to be stable. Because the pt had good relief from the facet blocks XXXX is a good candidate for a rhizotomy. XXXX understands the risks of the rhizotomy and would like to proceed with the procedure. At this time, we are going to submit for a rhizotomy at L4, L5, and S1 on the left. Pt will f/u after the rhizotomy for further evaluation.

XXXX – Operative Report- XXXX: Pre-op diagnoses: Low back pain; Facet syndrome; Status post facet blocks with excellent relief of pain; Facets involved are right L4, right L5 and right S1; Degenerative disc disease; Spondylosis lumbosacral. Post-op diagnoses: Low back pain; Facet syndrome; Status post facet blocks with excellent relief of pain; Facets involved are right L4, right L5 and right S1; Degenerative disc disease; Spondylosis lumbosacral. Procedure performed: Radiofrequency ablation of medial branch of lumbar facet; Facets involved are right L4, right L5 and right S1; Intraoperative sensory testing; Intraoperative motor testing; and Fluoroscopic guidance.

XXXX – XX Visit-XXXX: Chief complaint: Low back pain. Pt comes in today with complaints of low back pain that radiates to bilateral lower extremities. XXXX describes the discomfort as a dull pain and achy. XXXX rates XXXX pain at a 5/10. The pt complains of weakness in the lower extremities and complained of tightness in the lower back. Pt has had 1 facet block in the last year. XXXX has not had any loss in bowel or bladder control. Impression: Low back pain; Lumbar radiculopathy; Facet arthrosis; Lumbar spine stenosis; HNP lumbar without myelopathy. Plan: The pt is status post rhizotomy at L4, L5 and S1 on the right and left. XXXX states the rhizotomy procedure helped with XXXX pain really well while XXXX was on XXXX. XXXX states that XXXX started back to work, and after resting XXXX states XXXX has back pain upon standing up. The more XXXX moves the better XXXX pain gets. XXXX states that this pain is better as long as XXXX does not bend a lot. Prior to the rhizotomy, XXXX pain was constant. Now XXXX still has pain, but it is better. I have reviewed the pt's previous office visit note from neurosurgery, at which time rhizotomy procedure was scheduled. I have reviewed the pt's list of all meds they are taking including gabapentin and tramadol. The pt has had PT, treatment with meds, treatment with injection, and now the rhizotomy. I have discussed treatment options with the pt including discussing surgery if XXXX is still having significant pain. At this time, I am going to refill XXXX gabapentin. XXXX will f/u in 3 months' time or sooner if needed for further evaluation.

XXXX – XX Visit- XXXX: Chief complaint: low back pain. Pt comes in today with complaints of low back pain that radiates to left lower extremity. Post L4, L5 and S1 rhizotomy. This is a work injury that occurred on XXXX. This began on or around XXXX. The pt describes the pain as sharp and this discomfort as aching. XXXX rates XXXX pain at a 6/10. XXXX complains of weakness in the lower extremities. XXXX complained of tightness in the lower back. The pt has had plain film x-rays and a lumbar myelogram in XXXX. The pt has been to PT sessions in the last year; denies improvement. XXXX has had ESIs in the last year that provided only partial temporary relief of XXXX pain. XXXX has had 1 facet block in the last year. Impression: Low back pain; Lumbar radiculopathy; Facet

arthrosis; Lumbar spine stenosis; HNP lumbar without myelopathy. Plan: Pt is s/p rhizotomy at L4, L5 and S1 on the right and left. XXXX states that the procedure helps with XXXX pain however; the relief was only temporary and short-lived. XXXX states that XXXX started back to work and after about 6 hours of walking the pain is severe. Pt states that the med XXXX has been taking for pain makes XXXX sick. I have reviewed the CT myelogram with the pt as well as with XXXX. XXXX recommends pt be scheduled for an L4-5 and L5-S1 microlaminectomy. We are discontinuing tramadol and prescribing Tylenol 3 one by mouth 3 times a day. Refilling XXXX gabapentin at this time. Pt will f/u pending surgery scheduled. We have explained to the pt what a lumbar microdiscectomy is and explained the risks of the surgery. I have also told the pt that microscopic surgery probably has a 50% chance of alleviating their low back pain and approximately an 80% chance of alleviating their leg pain. XXXX understands and wants to proceed with surgery.

XXXX – XX Visit- XXXX: Chief complaint: Hip and back pain. Pt comes in today with complaints of hip and back pain. This began on or around XXXX. XXXX describes the discomfort as a dull pain. The pt describes the discomfort as aching. XXXX rates XXXX pain at a 6/10. XXXX complains of numbness to both arms and hip. XXXX is able to apply heat alternating with ice. XXXX has attempted this with no relief. The pt has been to 80 PT sessions in the last year with little to no relief. XXXX has not had any loss in bowel or bladder control. Impression: Low back pain; Lumbar radiculopathy; Facet arthrosis; Lumbar spine stenosis; HNP lumbar without myelopathy. Plan: The pt comes in today with complaints of hip and back pain and to discuss denial of surgery. I have reviewed the pt's CT/myelogram images of the lumbar spine which show stenosis at L4-5 and L5-S1 with nerve root compression. I have reviewed the pt's previous office visit note from neurosurgery, at which time, XXXX gabapentin was refilled, Tylenol 3 was prescribed, and L4-5 and L5-S1 laminectomy was scheduled. I have reviewed the pt's list of all meds they are currently taking including gabapentin and Tylenol 3. I have discussed treatment options with the pt including resubmitting for the surgical procedure. At this time, I am going to schedule the pt for an L4-5 and L5-S1 laminectomy. XXXX will f/u after the procedure has been performed for further evaluation.

XXXX – Physician Progress Note- XXXX: Chief complaint: Workman's Comp DOI: XXXX. Back Pain: This is a chronic problem. The current episode started more than 1 year ago. The problem occurs daily. The problem is unchanged. The pain is present in the lumbar spine. The quality of the pain is described as aching, burning and stabbing. The pain is at a severity of 7/10. The pain is moderate. The pain is worse during the night. The symptoms are aggravated by lying down and standing. Associated symptoms include numbness. XXXX has tried ice and heat for the symptoms. The treatment provided mild relief. The pt has completed multiple therapy sessions in the last year and 1 facet block. Assessment/Plan: Low back pain; Lumbosacral spondylosis without myelopathy; and Facet joint pain. The pt has had a previous rhizotomy at L4, L5 and S1 with a good result; however, the pain has returned. I have reviewed the pt's CT/myelogram images of the lumbar spine and have gone over the findings with XXXX which shows stenosis at L4-5 and L5-S1 with nerve root compression. I have reviewed the pt's previous office visit note from neurosurgery, at which time the pt was scheduled for an L4-5 and L5-S1 laminectomy; however, this was denied. I have reviewed the pt's list of all meds they are currently taking including gabapentin and Tylenol 3. I have discussed treatment options with XXXX including neurotomy or cutting of the nerves. At this time, I am going to schedule the pt for a neurotomy at L4-5 and L5-S1 on the left and 2 weeks later on the right at L4, L5, and S1. The pt will f/u after the neurotomy has been performed for further evaluation.

XXXX – Peer Review Report- XXXX: Data reviewed and contact information: Exam notes dated XXXX; Office visit dated XXXX signed XXXX; Office notes dated XXXX signed XXXX; Office visit dated XXXX; Office visit dated XXXX; and Encounter note dated XXXX. I called the office of the

attending provider, XXXX on XXXX. I spoke with XXXX receptionist. I left a detailed message with my call back number for a return call. I call the office of the attending provider, XXXX on XXXX. I spoke with the XXXX. XXXX admitted the RF was “short lived.” Summary of Records: The claimant is a XXXX with a DOS in XXXX. XXXX had PT and epidural steroid injections with no benefit. MRI showed osteophytes at L4-S1 with facet changes. XXXX had left L4-S1 facet blocks with 80% relief and then had b/l L4-S1 RF with temporary benefit. XXXX was told XXXX needed surgery but it was denied. XXXX was seen by two providers. Both noted a normal neuro exam, but neither documented any facet findings. XXXX had normal ROM and no evidence of facet tenderness. The diagnosis is back pain. The request for left-sided neurotomy at L4-L5-S1 is not medically necessary. First, the prior radiofrequency was defined as “short lived” and the MD even requested surgery after this was done which would indicate it had not provided therapeutic relief. Also, currently there is no physical exam findings to verify facet pathology at the left L4-S1 area to warrant doing this. Therefore, the request for left-sided neurotomy at L4-L5-S1 is not medically necessary.

XXXX – URA Determination- XXXX k: This correspondence pertains to the review of Outpatient Surgery-Left-sided neurotomy at L4-L5-S1. After peer review of the medical information presented and/or discussion with a contracted Physician Advisor and the medical provider, it has been determined that the health care service requested does not meet established standards of medical necessity. This review applies only to the specific service listed below. Any additional service(s) will require a separate review process. Specific Request: Left-sided neurotomy at L4-L5-S1/Medically not certified by physician advisor. DOS: XXXX with XXXX. Physician Advisor Decision Date: XXXX. The above review was made based on the adopted treatment guidelines for the Texas Department of Insurance, Division of Workers’ Compensation, Official Disability Guidelines, excluding Return to Work Pathways, published by the Work Loss Data Institute.

XXXX – Peer Review Report- XXXX: Data reviewed and contact information: Radiology report from XXXX; Office visit from XXXX; Office visit from XXXX dated XXXX; Office visit from XXXX; Peer review report from XXXX. I called the office of the attending provider, XXXX. I spoke with XXXX. I left a detailed message with my call back number for a return call. I called the office of the attending provider, XXXX. I got voicemail. I left a detailed message with my call back number for a return call. XXXX called the provider on XXXX. Contact was not established. Summary of Records: The claimant is a XXXX who was injured on XXXX. XXXX reported low back pain radiating to the hips after getting into a XXXX. The claimant was treated with medications to include NSAIDs, tramadol, and Gabapentin. The claimant is reported to have attended therapy; however, no therapy records were submitted for review. CT myelogram study of the lumbar spine noted a slight anterolisthesis at L5-S1 with disc protrusions causing central and foraminal stenosis at L4-5 and L5-S1. A clinical report noted ongoing complaints of low back pain. The physical exam was non-focal. The report noted that the claimant had previously undergone radiofrequency ablation at L4-5 and L5-S1. The request for appeal for left-sided neurotomy at L4-L5-S1 is not medically necessary. The records submitted would not support the repeat neurotomy as reasonable. The records did note that the claimant had prior RF procedures; however, the specific efficacy of the previous RF ablation is unclear in terms of pain relief or functional improvement. Further, the most recent clinical report did not include any specific objective findings consistent with ongoing facet mediated pain. Given these issues which do not meet guideline recommendations, this reviewer cannot recommend certification for the request. Therefore, the request for Appeal for left-sided neurotomy at L4-L5-S1 is not medically necessary.

XXXX – URA Re-Determination- XXXX: This correspondence pertains to the review of the following health care service(s). As requested, a second contracted physician who was not involved in the original non-certification has reviewed the original information, supplemented by additional medical records

submitted and/or peer discussion(s) with the treating provider. The second physician has upheld our original non-certification. Specific Request: Appeal for left-sided neurotomy at L4-L5-S1/Appeal upheld by physician advisor. DOS XXXX. The above review was made based on the adopted treatment guidelines for the TDI, Division of Workers' Compensation, ODG, excluding Return to Work Pathways, published by the Work Loss Institute.

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

The prior determination is upheld.

SERVICES IN DISPUTE: Neurotomy L4, L5, S1 – Left side

Medical records reviewed from neurosurgeon, XXXX office visits. Visits- XXXX, and office visit- XXXX.

CLINICAL HISTORY [SUMMARY]: XXXX with a work injury XXXX sustained in XXXX. XXXX chief complaint – low back pain and numbness to XXXX right leg, buttock, lateral thigh and to XXXX knee but normal/non focal exam. XXXX has not had any loss in bowel or bladder control and XXXX utilizes no assistive devices.

DIAGNOSIS- lumbar radiculopathy, facet arthrosis, lumbar spine stenosis and HNP lumbar without myelopathy.

XXXX – Peer Review Report- XXXX – Peer Review Report- XXXX. It was been determined that the health care service requested does not meet established standards of medical necessity. Review was made based on the adopted treatment guidelines for the Texas Department of Insurance, Division of Workers' Compensation, Official Disability Guidelines, excluding Return to Work Pathways, published by the Work Loss Data Institute. Therefore, the prior determination is upheld.

Per ODG:

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 $\geq 50\%$ 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 over the course of a year.
- (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)**