

True Decisions Inc.

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/16/2018 1:33:53 PM CST

True Decisions Inc.

An Independent Review Organization

1301 E. Debbie Ln. Ste. 102 #615

Mansfield, TX 76063

Phone: (512) 298-4786

Fax: (888) 507-6912

Email: manager@truedecisionsiro.com

IRO REVIEWER REPORT

Date: 7/16/2018 1:33:53 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar radiofrequency neurolysis/ablation (RFA) L5-S1 medial branch of the dorsal ramus bilaterally and Cervical facet blocks C2-C3 and C3-C4 medial branch of the dorsal ramus bilaterally for the cervical spine and lumbar spine

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Pain Medicine, Physical Medicine & Rehab

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XX with a history of an occupational claim from XX. The mechanism of injury is detailed as a trip and fall. The current diagnoses are documented as sprain of ligaments of lumbar spine and sprain of ligaments of cervical spine. Past treatment included physical therapy, chiropractic therapy, epidural steroid injection, medial branch block, and medications. An MRI of the cervical spine was performed on and showed no abnormalities at the C2-3 and C3-4 levels. An MRI of the lumbar spine was performed on XX and showed diffuse disc herniation at the L5-S1 level with no central canal nor neural foraminal stenosis. On XX, it was documented this patient had complaints of pain to the neck and low back. XX reported XX neck pain radiated to the bilateral shoulders and XX low back pain radiated to the right thigh with associated numbness and tingling. Upon physical examination, it was noted XX had tenderness to palpation and spasm to the cervical spine and lumbar spine. Spurling's and straight leg raise were positive respectively. Sensation was diminished in the right C6-7 dermatomal distribution. On XX, the patient had complaints of pain to the neck and low back. XX reported no change in the type of neuropathic pain. The patient indicated the prior epidural steroid injection to the lumbar spine "XX ago" provided 70% pain relief. Physical examination showed tenderness to palpation to the cervical spine and lumbar spine.

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

According to the Official Disability Guidelines, radiofrequency ablations are indicated when there is documentation noting positive response from a medial branch block. The clinical documentation submitted for review indicated this patient had pain to the low back. However, it was not noted XX pain was facet-oriented. Further, there was no

True Decisions Inc.

Notice of Independent Review Decision

Case Number: XXXX

Date of Notice: 7/16/2018 1:33:53 PM CST

information noting response to medial branch block. Consequently, the request is not supported. As such, the requested Lumbar radiofrequency neurolysis/ablation (RFA) L5-S1 medial branch of the dorsal ramus bilaterally for the lumbar spine is non-certified. According to the Official Disability Guidelines, medial branch blocks are recommended in those with facet-oriented, non-radicular pain despite conservative care. The clinical documentation submitted for review indicated this patient had pain to the neck. However, there was no documentation noting XX pain was facet oriented. Further, there was no documentation indicating pathology at the C2-3 and C3-4 level on imaging or physical examination. Consequently, the request is not supported.

As such, the requested Cervical facet blocks C2-C3 and C3-C4 medial branch of the dorsal ramus bilaterally for the cervical spine is not medically necessary and therefore upheld.

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

☒ MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back (updated 07/06/2018), Facet joint radiofrequency neurotomy.