

NOTICE OF INDEPENDENT REVIEW DECISION

March 25, 2002

Re: IRO Case # M2-02-0416-01

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to _____ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The _____ reviewer who reviewed this case has determined that, based on the medical records provided, the requested care is medically necessary. Therefore, _____ disagrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

I disagree with the carrier's decision to deny this patient the requested facet rhizotomies. The reason for this opinion is that rhizotomy involves the posterior elements of the vertebral structures, and movement of the facet joints is possible even in the face of what appears to be a very good anterior fusion. In addition, the patient had a procedure that did relieve his pain, and to make that procedure more permanent by rhizotomy is therefore appropriate. I agree with one of the reports that the result with the blocks probably indicates that there is motion in those joints despite the anterior fusion.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Sincerely,

Medical Director