

January 6, 2005

TEXAS WORKERS COMP. COMMISSION  
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M2-05-0529-01 /

CLIENT TRACKING NUMBER: M2-05-0529-01 / 5278

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Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

**Records Received:**

Records from TWCC:

- Notification of IRO Assignment, 12/22/04 - 11 pages

Records from Ace American Insurance Company:

- Letter to MRI from Linda Moeller (ACE esis), 12/28/04 - 1 page
- TWCC-60, 12/28/04 - 3 pages
- Letter to Judson Somerville from Intracorp, 10/29/04, 10/18/04 - 6 pages
- Worker's Compensation Verification - 1 page
- Office notes from Judson Somerville, MD, 10/4/04, 10/27/04, 11/24/04 - 4 pages

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Records from Judson Somerville, MD:

- Office notes, 12/29/04, 11/24/04, 10/27/04, 10/4/04, 9/1/04, 7/14/04, 5/11/04 – 9 pages
- H&P, 4/27/04 – 2 pages
- Lab results, 8/24/04, 5/20/04 – 2 pages
- Lumbar Spine Sonogram report, 5/11/04 – 2 pages
- Operative reports, 8/26/04, 5/25/04 – 5 pages
- PT Functional Capacity Evaluation Summary Report, 9/14/04 – 4 pages
- Functional Capacity Evaluation, 9/14/04 – 26 pages

**Summary of Treatment/Case History:**

The claimant is a 38 year old gentleman who allegedly suffered a workplace injury on \_\_\_\_\_. Subsequently he developed low back pain. He has been treated conservatively with chiropractic treatment and has undergone a set of facet joint injections and a set of sacroiliac joint injections. He has undergone spinal ultrasound and a Current Perception Test.

**Questions for Review:**

1. Please address prospective medical necessity for the proposed Lumbar Radio Frequency Ablation, regarding the above-mentioned injured worker.

**Explanation of Findings:**

1. Please address prospective medical necessity for the proposed Lumbar Radio Frequency Ablation, regarding the above-mentioned injured worker.

The submitted medical records do not substantiate the satisfaction of the selection criteria listed below. In particular, although he has undergone one set of facet joint injections there are no follow-up reports of the effects of these injections on his pain. Therefore, criterion #6 is unsubstantiated.

**Conclusion/Decision to Certify:**

Do not certify the requested radiofrequency facet joint injections.

**Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:**

Generally accepted selection criteria for radiofrequency facet denervation are:

1. Patient has experienced severe pain limiting activities of daily living for at least 6 months; and
2. Patient has had no prior spinal fusion surgery at the level to be treated.
3. Neuroradiologic studies are negative or fail to confirm disc herniation
4. Patient has no significant narrowing of the vertebral canal or spinal instability requiring surgery
5. Patient has tried and failed conservative treatments such as back rest, back supports, physiotherapy, correction of postural abnormality, as well as pharmacotherapies (e.g. NSAID's, non-opioid analgesics and muscle relaxants)
6. A trial of facet joint injections or facet joint blocks has been successful in relieving the pain.

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**References Used in Support of Decision:**

Niemisto, et al. (2003). Radiofrequency denervation for neck and back pain. A systematic review of randomized controlled trials. Cochrane Database Syst Rev CD004058.

Slipman, et al. (2003). A critical review of the evidence for the use of zygapophysial injections and radiofrequency denervation in the treatment of low back pain. Spine J 3:310-6.

Dreyfuss, et al. (2002). Radiofrequency facet joint denervation in the treatment of low back pain: a placebo-controlled clinical trial to assess efficacy. Spine 27:556-7.

Tzaan and Tasker (2000). Percutaneous radiofrequency facet rhizotomy--experience with 118 procedures and reappraisal of its value. Can J Neurol Sci 27:125-30.

van Kleef, et al. (1999). Randomized trial of radiofrequency lumbar facet denervation for chronic low back pain. Spine 24:1937-42.

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The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

**YOUR RIGHT TO REQUEST A HEARING**

Either party to the medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be receiving the TWCC chief Clerk of Proceedings within ten (10) days of your receipt of this decision as per 28 Texas Admin. Code 142.5.

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision as per Texas Admin. Code 102.4 (h) or 102.5 (d). A request for hearing should be sent to:

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Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
POB 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRIOA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRIOA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRIOA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRIOA harmless for any and all claims which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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cc: Ace American Insurance Company