

MATUTECH, INC.

DATE OF REVIEW: APRIL 9, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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- f* Clinic notes (02/16/06 – 02/22/07)
- f* Radiodiagnostics (08/09/04 – 10/13/06)
- f* Procedure note (01/17/07)
- f* Reviews (02/16/06)
- f* Utilization reviews (01/19/07 and 02/23/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who was injured while loading and unloading luggage from a bus. He bent over to remove a 65-lb piece of luggage and immediately heard a loud pop in his lower back. He developed low back pain radiating down his legs, and in the days that followed, he experienced some numbness and tingling.

In August 2004, magnetic resonance imaging (MRI) of the lumbar spine showed: (a) straightening of the normal lordosis; (b) mild degree of congenital lower lumbar canal stenosis due to congenitally short pedicles; (c) a small central annular tear at T12-L1; (d) moderate disc desiccation with narrowing at L4-L5 with a moderate-to-large central herniated nucleus pulposus (HNP) deforming the thecal sac; and (f) short pedicle at L4-L5 resulting in a moderate canal stenosis.

In a designated doctor evaluation (DDE) M.D., noted the following treatment history: *After the injury, the patient received chiropractic therapy. Electromyography (EMG) showed no evidence of lumbar radiculopathy on either side. In August 2005, a neurosurgeon noted an incipient spondylolisthesis at L4-L5 with a centrally located and broad-based disc extending towards the canal. Surgery was recommended. The patient attended a few sessions of a chronic pain program. Dr. performed a DDE in which he assessed maximum medical improvement (MMI) as of July 10, 2004, and assigned 13% whole person impairment (WPI) rating. Following this, the patient underwent a discectomy and multilevel lumbar fusion on November 8, 2005. Dr. assessed clinical MMI as of February 8, 2006, and assigned 10% WPI rating.*

A repeat MRI in May 2006 demonstrated: (a) postoperative changes of lower lumbar multilevel laminectomies and L4-L5 fusion with instrumentation; and (b) mild enhancement around the fusion cages probably normal for recent postoperative change, although there was a less likely chance that it might represent discitis.

In September 2006, M.D., evaluated the patient for low back pain and bilateral leg pain with numbness and tingling. He noted physical therapy (PT), chiropractic care, and epidural steroid injection (ESI) prior to surgery had helped relieve 50% of his symptoms. X-rays performed in the office showed pseudoarthrosis with bony bridging anterior to the L4-L5 cage. There was radiolucency around the S1 screws. A lumbar myelogram and computerized tomography (CT) showed: (a) status post bilateral L4 laminectomy; (b) mild spinal canal and bilateral neural foraminal stenosis at L5-S1 secondary to a disc osteophyte complex; and (c) bilateral pedicles at L4, L5, and S1 with posterior fusion. Dr. assessed non-healing of the fusion, loosening of the S1 screws, and reherniation/epidural scar on the left paracentral area of L5-S1. He placed the patient on Lyrica and instructed him on proper body mechanics.

In January 2007, Dr. performed a left L4-L5 transforaminal ESI following which the patient reported 50% relief of his left leg symptoms. However, his dull lumbar pain had become far more noticeable. The patient did not desire any surgical intervention. Dr. Urrea decided to proceed with diagnostic and therapeutic lumbar facet block.

On January 29, 2007, the request for lumbar facet block was denied and the rationale provided was: *Official Disability Guidelines do not recommend facet injection at levels where the patient has had previous fusion. Without the opportunity to speak with Dr, there was no information necessary to certify the request. Dr. requested a reconsideration stating that the patient's fusion had failed. On February 23, 2007, the reconsideration was not authorized stating that: Based on the information, the patient has a surgical problem and the use of facet blocks is palliative in nature. The patient does not want surgery and thus the blocks are for pain relief only. According to the doctor, the use of pain medication was not possible due to patient's reaction. Based on the clinical information, the requested treatment was not medically necessary.*

On March 20, 2007, the carrier maintained its position on non-authorization of the requested facet block.

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

THE INFORMATION PROVIDED BY THE SUBMITTING DOCTOR DOES NOT PROVIDE ANY SUPPORT THAT THERE IS AN ANATOMIC CORRELATE FOR THE REQUEST. PRESUMED LAMINECTOMY WOULD OBLITERATE THE FACET JOINT AND MEDIAL BRANCH NERVE, AS WELL AS PROVIDE A DISTORTION OF ANATOMY FOR FURTHER CARE AS PER ISIS GUIDELINES AT THE REQUESTED LEVEL.

THE PREVIOUS PEER REVIEWER RAISED THESE QUESTIONS VERY SPECIFICALLY AND THE RESPONSE DOES NOT ADDRESS THESE QUESTIONS.

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) ASIPP**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**