



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: December 31, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization – Outpatient right and left L5/S1 medial branch blocks.

A description of the qualifications for each physician or other health care provider who reviewed the decision

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.

Review Outcome

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

Overtured

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does exist for the requested outpatient right and left L5/S1 medial branch blocks.

Information provided to the IRO for review

Records Received from the State:

Notice of IRO assignment, 12/13/07, 2 pages

Project view document, undated, 1 page

Fax 11/6/07, 1 page

Notice to, of case assignment, 12/13/07, 1 page

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547  
(801) 261-3003 (800) 654-2422 FAX (801) 261-3189  
[www.mrioa.com](http://www.mrioa.com) A URAC & NCQA Accredited Company

Confirmation of receipt of a request for review by an independent review organization, 12/12/07, 5 pages  
Request for review by an independent review organization, 11/19/07, 2 pages  
Notice of utilization review findings, 10/18/07, 3 pages  
Notice of utilization review findings, 11/14/07, 3 pages  
Letter, 12/12/07, 1 page

Records Received from Dr.:

Initial consultation, 11/21/06, 4 pages  
MRI report of the lumbar spine, 10/17/06, 2 pages  
Letter of medical necessity, undated, 1 page  
Letter f, 10/16/07, 1 page  
Letter 11/14/07, 1 page  
Procedure note, 1/30/07, 2 pages  
Procedure note, 2/1/07, 2 pages  
Follow up clinic note, 2/21/07, 2 pages  
Follow up clinic note, 9/24/07, 2 pages  
Office visit note, 3/20/07, 1 page  
Office visit note, 3/6/07, 1 page  
Office visit note, illegible date, 1 page  
Office visit note, 2/13/07, 1 page

Records Received from:

Letter 12/18/07, 7 pages  
Report of medical evaluation, 12/5/07, 1 page  
Designated doctor evaluation, 11/27/07, 5 pages  
medicine therapy note, 10/23/07, 1 page  
Notice of intent to issue an adverse determination, 11/5/07, 1 page  
Initial evaluation, 10/30/07, 2 pages  
Reevaluation note, 11/26/07, 1 page  
Office visit note, 10/23/07, 1 page  
Texas Workers' Compensation work status report, 10/24/07, 1 page  
Emergency physician record, 11/2/07, 1 page  
Physical exam, 11/2/07, 1 page  
ER physician's orders, 11/2/07, 2 pages  
Office visit note, 10/8/07, 1 page  
Texas Workers' Compensation work status report, 10/9/07, 1 page  
Designated doctor evaluation, 3/28/07, 6 pages

Letter, 11/6/07, 2 pages  
Office visit note, 8/8/07, 1 page  
Office visit note, 4/17/07, 1 page  
Texas Workers' Compensation work status report, 3/21/07, 1 page  
Fax cover sheet from "Amy", 12/14/06, 1 page  
Notice of voluntary utilization review findings. 12/18/06, 3 pages  
Progress note, 12/18/06, 1 page  
Daily notes, 12/18/06, 1 page  
Daily notes, 12/13/06, 1 page  
Progress note, 12/18/06, 1 page  
Dailey notes, 12/18/06, 1 page  
Initial evaluation, 8/7/06, 2 pages  
Notice of intent to issue an adverse determination, 9/19/06, 2 pages  
Check copy, 12/13/07, 1 page

Patient clinical history [summary]

The claimant is a who allegedly suffered a workplace injury. Subsequently he developed midline low back pain as well as left shoulder pain. Physical examination reveals normal neurological findings. The pain is exacerbated by lumbar hyperextension and lateral bending. There is tenderness and spasm over the lumbar paraspinal muscles. He has undergone physical therapy without improvement.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

The claimant appears to satisfy the ODG Treatment Guidelines criteria for diagnostic facet joint blocks as listed below. The pain is non-radicular in character and radiculopathy is not suspected on the basis of physical findings, he has undergone conservative treatment for more than 6 weeks, only one level (L5/S1) is planned to be blocked. On the basis of the ODG Guidelines, the proposed medial branch nerve blocks appear to be medically necessary as a diagnostic maneuver.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Criteria for the use of diagnostic blocks for facet "mediated" pain:

1. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
2. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
3. No more than 2 joint levels are injected in one session (see above for medial branch block

levels)

4. A minimum of 2 diagnostic blocks per level are required, with at least one block being a medial branch block.
5. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
6. Opioids should not be given as a “sedative” during the procedure.
7. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
8. A response of = 70% pain relief for the duration of the anesthetic used is required in order to progress to the second diagnostic block (approximately 2 hours for Lidocaine).
9. The diagnosis is confirmed with documentation of = 70% pain relief with both blocks.
10. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
11. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
12. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
13. Bilateral blocks are generally not medically necessary.

ODG Treatment Guidelines, Low Back (Web edition). Encinitas, CA: Work Loss Data Institute, 2006.