



**REVIEWER'S REPORT**

**DATE OF REVIEW:** 12/01/2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OF SERVICES IN DISPUTE:**

Repeat lumbar facet blocks.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

D.C., D.O., M.S., Board Certified in Chiropractic, Physical Medicine and Rehabilitation, Pain Management

**REVIEW OUTCOME:**

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. I reviewed notes from Dr. his primary care physician dating back to 1998. There was an Employee's First Report of Injury of Illness form that was submitted relative to a low back injury.
2. I reviewed a 04/27/98 report from Dr. neurosurgeon.
3. I reviewed 04/28/98 x-ray report, which reads “mild to moderate narrowing of the L4/L5 and L5/S1 disc spaces, which may be related to previous surgery and degenerative diseases. No acute abnormalities and no evidence of instability.”
4. On 06/04/98 an MRI scan showed “postoperative epidural fibrosis noted in the left paramedian location at L5/S1 and posterolaterally on the left on L4/L5. I do not see any evidence of a recurrent HNP. There is mild symmetric bulging of the annular fibrosis at L3/L4.” This was signed by Dr.
5. On 06/11/98 Dr. felt he had xxxxxx.
6. I reviewed notes from therapy and rehabilitation services from 1998 where he received physical therapy following his L4/L5 and L5/S1 laminectomies by Dr.
7. On 07/07/98 Dr. placed him on oral steroids for his back pain.

8. On 10/02/98 myelogram of the lumbar spine read by Dr. showed residual laminectomy defects at L4/L5 and L5/S1 on the left side with scar tissue in the left neural foramen at the lower lumbar level.
9. The claimant saw Dr. on 10/06/98 for xxxxxx. He recommended a TENS unit.
10. On 01/15/99 he was seen by Dr. He indicated that the epidural steroid injections had not relieved him, and he was being seen for a spinal cord stimulator implant.
11. He did have a spinal cord stimulator implanted on 03/10/99 by Dr.
12. On 03/15/99 Dr. stated that he had "extremely good relief with this trial" pertaining to his spinal cord stimulator. The leads were removed, however.
13. Apparently he was doing relatively well until his initial back surgery under 04/10/99 when someone pulled a chair out from underneath him, and he fell to the ground, redeveloping severe low back pain.
14. He had a dorsal column stimulator implant on 06/02/99 by Dr. and Dr.
15. Myelogram on 11/02/99 was read by Dr. and showed a small defect at L3/L4 as well as an anterior defect at T8/T9 and a left laminectomy defect at L5 with questionable lateral bulging of that disc.
16. In a note of 03/07/00, Dr. indicated that the dorsal column stimulator failed to provide relief for the injured employee. Dr. felt that there was lateral recess stenosis at L5/S1 on the right side and felt he should have a decompressive lumbar laminectomy with fusion.
17. I reviewed an operative note from 05/07/00, which was L4/L5 decompression with L4/L5 and L5/S1 fusion and instrumentation. This was performed by Dr.
18. X-ray report of 08/21/00 found "posterior spinal stabilization at L4 down to S1. There is a spinal stimulator electrode from L1 cephalad into the lower transverse spine. There has been a laminectomy at L4 and L5. Stabilization appears excellent. Mild degenerative change."
19. I reviewed a report from Dr. dated 05/21/03.
20. I reviewed a 03/19/04 report from Dr. He felt there was internal disc disruption syndrome at L4/L5 and L5/S1 on discogram.
21. I reviewed a CT myelogram report of 10/04/04 showing moderate to severe spinal canal narrowing at L2/L3 with 1-mm to 2-mm of retrolisthesis of L2 on L3. There was no signature on this report.
22. I reviewed a 10/04/04 radiology report, which reads, "Multilevel posterior laminectomy spanning L3 through S1 in this patient status post pedicle screw placement and intervertebral fusion rods spanning L3/L4 anchor with intrapedicular screws and posterior bone graft with apparent fusion of L4-S1. Multiple embolization coils overlying the deep abdomen/pelvis, loss of disc height at L4/L5, more so at L5/S1. No evidence of dislocation; however, there is minimal, perhaps 1-2 mm subluxation at L2/L3. Small lumen radiopaque catheter, which may be intrathecal catheterization."
23. There was an EMG report on 10/18/04 showing a mildly severe subacute bilateral L5/S1 radiculopathy with acute L5 findings on the right side, as well. This was authored by Dr.
24. I reviewed a report from Dr. dated 11/01/04 where he suggested the injured employee may need an L2/L3 decompression with fusion extending to the L2/L3 level.

25. There is an x-ray report of 01/07/05 that reads, "The patient has pedicle screws and fusion bars being placed from L2 to L4. There is an infusion cylinder placed at L2/L3. The alignment is anatomic. Tissue retractors are identified in the posterior of this image." This was signed by Dr..
26. X-ray report of 04/11/05 shows "post laminectomy and post lateral bone graft material from L2 through S1 with metallic stabilization hardware from L2 through L4 and possible mild retrolisthesis/spondylolisthesis of L4 and L5. Metallic disc space at L2/L3." This is signed by Dr.
27. I reviewed a report of 01/26/07 from Dr.
28. I reviewed a 06/12/07 EMG report from Dr. indicating residual radiculopathy at L5 on the right and L5/S1 on the left.
29. On 07/02/07 he had bilateral lumbar median branch blocks from L2 to L5. Post procedure notes from Dr. indicated that he had eighteen to 24 hours of relief from the injection, which included lidocaine and Kenalog.
30. I reviewed a request on 09/21/07 for bilateral lumbar median branch blocks from L2 to L5 bilaterally.
31. I reviewed a note from Dr. dated 09/26/07.

ODG was not presented for review by the URA/Carrier.

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

The injured employee was a male when he sustained an injury to his back at work. He underwent L4/L5 and L5/S1 laminectomy with some success. In 1998 he had another episode when a chair was pulled out from underneath him, re-injuring his back. Thereafter, he has had extensive diagnostic and therapeutic interventions as described above. He has had multiple imaging studies demonstrating arachnoiditis with spinal stenosis above the laminectomy sites. He went on to have several surgical procedures including a L2/L3 fusion and ultimately a fusion from L2 to S1. He has had abnormal electrodiagnostic testing compatible with bilateral lumbosacral radiculopathy. He had medial branch blocks with lidocaine and Kenalog with up to eighteen hours of relief. Request has been made to repeat that. In the past, he has had a trial of dorsal column stimulator twice, and the permanent implant did not alleviate his symptoms.

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

According to the Occupational Disability Guidelines, 70% relief for up to six weeks is recommended for successful median branch block. While if this was purely diagnostic and included lidocaine only without the Kenalog, one might anticipate a shorter duration of relief. But in this case, Kenalog was added, and, therefore, the relief would have been expected to be longer. Also, the ODG guidelines exclude this gentleman from having repeat postoperative blocks for several reasons. More than two levels have been recommended to be performed, and ODG guidelines recommend only two levels be performed. There are no examination findings that support a facet-mediated pain problem. The facet blocks are not recommended when there is radiculopathy, and in this case he has had EMG studies confirming radiculopathy. It is my opinion that repeat facet blocks are not supported for the above reasons.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)