MATUTECH, INC.

AMENDED
April 9, 2007

DATE OF REVIEW: **MARCH 15, 2007**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar facet injection, pending approval; ICD-9 716.91

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 as well as pain medicine. The reviewer is a member. The reviewer has been in active practice.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Request for Independent Review

Information provided:

Office notes (05/12/03 – 01/24/07)
Procedure notes (11/23/05 – 06/22/06)
Diagnostic studies (07/06/05 – 03/07/06)
Designated Doctor (05/26/06 & 09/28/06)
Therapy notes (07/06/05 – 01/11/07)
FCE (10/03/06)

Information provided:

Office notes (07/06/05 – 02/28/07)
Diagnostic studies, MRI (02/20/07)
Designated Doctor (05/26/06 & 09/28/06)

Information provided by Dr.:

Designated Doctor Report (09/26/06)

Information provided by:

Office notes (06/13/06 – 07/24/06)
Designated Doctor (05/26/06)
Procedure notes (06/22/06)

PATIENT CLINICAL HISTORY:

The patient tripped over a rug and landed on a concrete sidewalk injuring neck, back, right shoulder, and right ankle.

Following the injury, the patient was evaluated. Computerized tomography (CT) of the brain and x-rays of the right ankle were unremarkable. X-rays of the cervical spine revealed degenerative changes at C4-C5 and C5-C6 with mild neuroforaminal narrowing. The patient was discharged on pain medications. Later, D.C., initiated chiropractic therapy which lasted through November 2005. With regards to right shoulder, underwent cortisone injection x 2 without any improvement. Magnetic resonance imaging (MRI) and x-rays of the right shoulder revealed rotator cuff supraspinatus tendonitis and type II acromion with mild acromioclavicular (AC) joint degenerative disease. On November 23, 2005, M.D., an orthopedic surgeon, performed right rotator cuff repair with Neer acromioplasty.

In the interim, Dr. reviewed MRI of the lumbar spine, which had shown canal stenosis as well as bilateral foraminal stenosis at L4-L5 and L5-S1. The patient was referred to M.D., who performed right L4-L5 and L5-S1 facet joint injection and caudal epidural steroid injection (ESI) on December 16, 2005. The patient had 100% improvement after the lumbar ESI and 75% improvement in the right ankle pain.

For persistent neck complaints, the patient was referred to M.D., who performed cervical facet joint nerve block. An MRI of the cervical spine had shown a small central disc protrusion at C6-C7 with shallow disc protrusions, and spondylosis in the lateral recesses and canal at C4-C5 and C5-C6. Dr. administered a cervical facet joint block followed by an ESI at C6-C7. A repeat MRI revealed degenerative disc disease (DDD) at C4-C5 and C5-C6 with central spinal stenosis; dorsal spondylitic ridging continued to cause minimal contouring of the left ventral cervical cord at C5-C6; marked bilateral foraminal stenosis at C4-C5 with severe right and marked left foraminal stenosis at C5-C6; mild bilateral foraminal narrowing at C3-C4. D.O. performed a designated doctor examination

(DDE) and reviewed the following diagnostic studies: *In April 2004, MRI of the cervical spine revealed mild-to-moderate degenerative disc protrusion and bulges at C4-C5 and C5-C6, spondylolisthesis at C5, spinal stenosis at C4 through C6. Another MRI in March 2005 revealed a small central posterior disc protrusion at C6-C7, shallow posterior disc spondylosis with possibly effect on nerves in the lateral recess of the spinal canal and bilateral narrowing at C4-C5 and C5-C6.* Dr. deferred assessment of maximum medical improvement (MMI) and recommended attention to pelvic imbalance, markedly altered structural mechanics in the pelvis, sacroiliac (SI) joint dysfunction, and consideration of injections to the greater occipital nerves. On June 22, 2006, Dr. performed anterior cervical discectomy and fusion from C4 through C6. Postoperatively, the patient was treated with bone growth stimulator, cervical collar, transcutaneous electrical neurostimulator (TENS) unit, Ultracet, Darvocet, and Percocet.

In a repeat DDE, Dr. again felt she had not reached MMI and suggested a work conditioning or a work hardening program (WCP/WHP) for the right shoulder, neck, and lumbar spine. In a functional capacity evaluation (FCE), the patient qualified at the light work category and he was recommended participation in a WCP.

On November 27, 2006, the patient returned to Dr. stating that back pain had worsened after the FCE. Dr. requested another lumbar ESI with facet joint injections. A psychological evaluation was accomplished, and chronic pain management program (CPMP) was suggested.

On December 6, 2006, a request for another lumbar ESI with facet joint injections was denied with following rationale: *The request for repeat lumbar ESI was without any current physical examination showing radiculopathy to support the request.*

On January 2, 2007, Dr. assessed chronic recurrent right-sided low back pain, right lower extremity radicular symptoms with facet hypertrophy and right L5-S1 intraforaminal disc protrusion and stenosis. He again requested the caudal ESI and facet joint injections as the patient had excellent results for greater than six months with the same procedure.

From January 9, 2007, through January 11, 2007, the patient attended three sessions of CPMP. A letter of medical necessity for Hydro pack was provided.

On January 31, 2007, the request for ESIs and lumbar facet injections was non-authorized with the following rationale: *The treatment patterns were not based on evidence-based research results which failed to support the effectiveness of lumbar intraarticular facet injection as a treatment for chronic lower back pain. With the lack of objective signs on physical exam for radiculopathy, the case would not meet one of the main criteria for ESI.*

On February 20, 2007, MRI of the lumbar spine revealed the following: (a) a 3-4 mm disc bulge at L4-L5, ligamentous thickening and bony hypertrophic changes, with moderately severe neural foraminal encroachment, as well as compromise of the bilateral lateral recesses due to disc material (could result in L4 or L5 radicular-type symptoms); (b) 3-mm disc bulge at L5-S1 with mild-to-moderate

compromise of bilateral recesses, moderate neural foraminal encroachment, and compression of the exiting L5 dorsal root ganglia (could result into an L5 or S1 radicular-type symptoms); (c) mild neural foraminal encroachment at L3-L4 due to a small amount of lateralizing disc material.

On February 22, 2007, a reconsideration appeal was denied with the following rationale: *The documentation contained no evidence of objective signs of radiculopathy on physical examination. It would appear therefore that the medical records submitted would not support the medical necessity of ESIs. There was lack of evidence for the long-term effectiveness of intraarticular steroid facet injections.*

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

PATIENT WITH CLINICAL HISTORY OF LUMBAR PAIN DUE TO INJURY. PREVIOUS TREATMENTS INCLUDE POSTERIOR ELEMENT BLOCKS WHICH ACCORDING TO THE NOTES THE RESULTS OF WHICH ARE NOT KNOWN. THIS IS A REQUEST FOR COMBINATION EPIDURALS AND FACET INJECTIONS WHICH IS AN UNUSUAL COMBINATION WHICH DOES NOT FOLLOW ANY KNOWN GUIDELINES FOR PAIN TREATMENT. HOWEVER, THE REQUEST FOR EPIDURAL IS VALID BASED ON THE PROVIDED PAIN DIAGRAMS AND IMAGING PROVIDED.

THUS, ONLY THE CAUDAL EPIDURAL IS APPROVED. THE FACET INJECTION IS DENIED.

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)**

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

Benzon HT. Epidural steroid injections for low back pain and lumbosacral radiculopathy. *Pain*. 1986 Mar;24(3):277-95.

Wilson-MacDonald J, Burt G, Griffin D, Glynn C. Epidural steroid injection for nerve root compression. A randomised, controlled trial. *J Bone Joint Surg Br*. 2005 Mar;87(3):352-5.

Vad VB, Bhat AL, Lutz GE, Cammisa F. Transforaminal epidural steroid injections in lumbosacral radiculopathy: a prospective randomized study. *Spine.* 2002 Jan 1;27(1):11-6.

Riew KD, Yin Y, Gilula L, Bridwell KH, Lenke LG, Lauryssen C, Goette K. The effect of nerve-root injections on the need for operative treatment of lumbar radicular pain. A prospective, randomized, controlled, double-blind study. *J Bone Joint Surg Am*. 2000 Nov;82-A(11):1589-93.