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AMENDED: 10/15/07

DATE OF REVIEW: OCTOBER 11, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient L3-L4, L4-L5, and L5-S1 facet joint injections

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

BOARD CERTIFIED ORTHOPAEDIC SURGEON

REVIEW OUTCOME

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

x Upheld (Agree)

Medical documentation does not support the medical necessity of outpatient L3-L4, L4-L5, and L5-S1 facet joint injections.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- _ Clinic notes (06/13/07 – 08/07/07)
- _ Radiodiagnostic studies (06/13/07)
- _ Utilization reviews (07/25/07 – 08/28/07)

M.D.:

- _ Clinic notes (11/21/06 – 08/07/07)
- _ Radiodiagnostic studies (07/0505 –06/13/07)

The ODG Guidelines are cited in the utilization reviews

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a patient who sustained a low back injury.

In July 2005, x-rays of the lumbar spine demonstrated moderate-degree osteoarthritis of the L5-S1 facet joints. Magnetic resonance imaging (MRI) indicated: (a) degenerative disc disease (DDD) at L1-L2 without disc bulge; (b) DDD

at L4-L5 with a small 2-mm posterior disc bulge producing mild pressure on the thecal sac; (c) DDD at L5-S1 with a small, 3-mm posterior disc bulge producing mild pressure on the thecal sac; and (d) osteoarthritis in the right and left L5-S1 face joints.

In November 2006, M.D., evaluated the patient for continued low back pain radiating to the legs with tingling in the feet. The patient was on Mobic and compound #6. Dr. felt that the patient had symptoms of discogenic pain and recommended lumbar discogram.

In June 2007, a lumbar discogram demonstrated marked provocative pain production at L3-L4, L4-L5 and L5-S1. Post-discogram CT scan demonstrated: (a) 2 mm broad-based disc bulge/subligamentous disc extrusion at L2-L3 with some posterolateral predominance, left greater than right, likely contacting the exiting left nerve root inferiorly with mild-to-moderate spinal canal stenosis and bilateral neural foraminal narrowing; (b) 2-3 mm broad-based disc protrusion/subligamentous disc extrusion with posterolateral predominance at L3-L4, greater on the right, contacting the exiting nerve roots inferiorly with some right-sided predominance, bilateral inferior neural foraminal narrowing, mild-to-moderate spinal canal stenosis, mild thickening of the ligamentum flavum, facet arthrosis, and narrowing of the lateral recess; (c) mild thickening of the ligamentum flavum, narrowing of the lateral recess, and facet arthrosis at L4-L5 with 2-3 mm broad-based disc protrusion/subligamentous disc herniation extending along the neural foramina, contacting the exiting nerve roots bilaterally with moderate bilateral inferior neural foraminal narrowing, right greater than left, and mild narrowing of the spinal canal; and (e) a 2-3 mm broad-based disc bulge/subligamentous disc extrusion at L5-S1 contacting the exiting nerve roots inferiorly, with bilateral inferior neural foraminal narrowing, and bilateral facet arthrosis.

Dr. diagnosed herniated lumbar disc, discogenic pain at L3-L4, L4-L5, and L5-S1, and lumbar facet syndrome and recommended outpatient L3-L4, L4-L5, and L5-S1 bilateral facet joint injections.

On July 25, 2007, facet joint injections were denied stating that *the benefits of the facet injections remained controversial.*

On August 28, 2007, the appeal was denied. Rationale: *The request for L3-L4, L4-L5, and L5-S1 facet joint injections were not supported by the submitted medical documentation. The patient's most recent clinical examinations indicated that he had significant back pain and he previously had undergone discography which indicated nearly concordant pain at L5-S1 with pain at other levels. The patient's physical exam was not strongly suggestive of active facet disease. Further clinical information was required to establish the medical necessity of this request.*

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

SYMPTOMATIC, MULTI-LEVEL DEGENERATIVE DISC DISEASE OF THE LUMBAR SPINE WITH CONCORDANT PAIN DURING DISCOGRAPHY. HE HAS PERFORMED MULTIPLE EXAMINATIONS WHICH HAVE BEEN VERY THOROUGH AND WELL DOCUMENTED RELATING TO THE DIAGNOSIS AS WELL AS OBTAINING APPROPRIATE DIAGNOSTIC TESTS. HOWEVER,

FACET JOINT INJECTIONS ARE NOT INDICATED IN PATIENTS THAT ARE LIKELY TO UNDERGO SURGICAL INTERVENTION (RESNICK 2005) AND SHOULD NOT BE PERFORMED AT MORE THAN 2 LEVELS BILATERALLY. IN ADDITION, FACET INJECTIONS ARE NOT INDICATED UNLESS THE PATIENT HAS BACK PAIN IN THE ABSENCE OF RADICULAR SYMPTOMS.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES