

**C-IRO, Inc.**  
**An Independent Review Organization**  
**7301 Ranch Rd. 620 N. Suite 155-199**  
**Austin, TX 78726**

**IRO REVIEWER REPORT TEMPLATE -WC**

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**DATE OF REVIEW:** SEPTEMBER 28, 2007

**IRO CASE #:**

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

Lumbar epidural with bilateral L5-S1 facet block and bilateral cervical C4-C6 facet block

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

Board Certified Orthopedic Surgeon

**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**

Review, 05/03/07 and 06/04/07  
Emergency Department note, 04/07/07  
Cervical spine x-ray, 04/07/07  
Office notes, Dr., 04/18/07, 05/08/07, 05/29/07, 06/26/07, 07/24/07 and 08/09/07  
Cervical spine MRI, 04/20/07  
Lumbar spine x-ray, 04/20/07  
Therapy notes, 05/10/07, 05/17/07, 05/18/07, 05/22/07, 05/24/07, 05/25/07, 05/29/07, 05/31/07, 06/01/07, 06/05/07, 06/18/07, 06/21/07, 06/22/07, 06/13/07, 08/13/07, 08/20/07 and 08/21/07  
No ODG Guidelines

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was involved in a motor vehicle accident on xx/xx/xx. She initially treated in the emergency department with a diagnosis of cervical sprain and was given Ultracet and Skelaxin. Cervical radiographs from xx/xx/xx noted prominent spondyloarthritic osteophyte at C5. The claimant treated with Dr. for ongoing complaints of neck and low back pain without any radicular components. Serial physical examinations demonstrated cervical and lumbar limited motion with facet tenderness over bilateral C4-7 and L5-S1. She attended physical therapy, treated with anti-inflammatories and was noted to be morbidly obese.

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

Based on the records provided for review the requested lumbar epidural steroid injection, L5-S1 bilateral facet injections and C4-7 bilateral facet injections would not be recommended as medically necessary.

The claimant has ongoing primarily subjective complaints of pain with persistent facet tenderness. There is no compelling imaging or clinical evidence of facet mediated pain. There is no imaging evidence of compressive pathology and no supportive examination findings consistent with radiculopathy. There is no MRI of the lumbar spine and no dynamic imaging of either the cervical or lumbar spine available for review. While there was documentation of osteophyte formation at C5, no specific facet findings were described and there was no reference to three level pathology. The claimant does not appear to be a surgical candidate in relation to either the cervical or lumbar spine. The lumbar epidural steroid injection is not supported by the Official Disability Guideline as there does not appear to be any inflammatory lesion or documented radiculopathy. Cervical and lumbar facet blocks fall outside the guidelines as there are no significant findings consistent with facet mediated pain. In addition, bilateral injections are not recommended, no more than two levels are to be addressed at a time and concurrent injections are not considered appropriate in the diagnostic stage. The expected benefit of multiple injection therapy with relatively normal imaging and examination is unclear.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates; Low Back-Epidural Steroid injections and Facet injections

**Criteria for the use of Epidural steroid injections:**

*Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.*

1. Radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#))
2. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
3. Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
4. At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. To be considered successful after this initial use of a block/blocks there should be documentation of at least 50-70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery.
5. No more than two nerve root levels should be injected using transforaminal blocks.
6. No more than one interlaminar level should be injected at one session.
7. In the therapeutic phase (the phase after the initial block/blocks were given and found to produce pain relief), repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))
8. Repeat injections should be based on continued objective documented pain and functional response.

9. Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
10. It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or

**Criteria for the use of diagnostic blocks for facet “mediated” pain: (Lumbar)**

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  $\geq 70\%$  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  $\geq 70\%$  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.

**Criteria for the use of diagnostic blocks for facet nerve pain: Cervical**

1. Limited to patients with cervical 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  $\geq 70\%$  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  $\geq 70\%$  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.
12. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.

**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 KNOWLEDGBASE
- 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)