

I-Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: OCTOBER 4, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Facet Block Injections

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

M.D., 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)

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.

I am unable to recommend the facet block injections as medically necessary. I would agree with prior reviewers.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 6/15/07, 7/16/07

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back; Facet Joint Diagnostic Blocks.

Lumbar spine MRI, 05/28/04

Office notes, Dr., 08/23/04, 10/01/04, 11/01/04, 12/06/04, 01/12/05, 03/30/05, 04/06/05, 02/03/06, 04/28/06, 06/07/06, 06/28/06, 07/16/06 08/22/06, 07/25/06, 01/12/07, 03/23/07, 04/25/07, 05/02/07, 06/15/07 and 07/02/07

Lumbar spine MRI, 05/26/06

History and physical, Dr., 03/08/07

Lumbar discogram, Dr., 03/08/07

CT scan post discogram, 03/08/07

Procedure report, Dr., 05/21/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This male injured his low back. A 05/28/04 MRI of the lumbar spine demonstrated multilevel disc protrusions. Dr. treated the claimant throughout 2004 for primarily low back pain with a normal neurological exam. The diagnosis was spondylosis, annular tears at L1-2 and L4-5, degenerative disc disease at L1-2 and L5-S1 and left sided HNP at L2-3. The claimant treated with muscle relaxants, pain medication, back stabilization and stretching exercises.

At the 03/30/05 visit he was noted to have radicular pain that extended to the popliteal fossa. He continued to be neurologically intact with a negative straight leg raise. The diagnosis was lumbar internal disc derangement, L2-3 herniated disc and lumbar spondylosis. However at the 04/06/05 visit he had back pain without radiculopathy. He was attempting to get job retraining.

The records lapse until 02/03/06 at which time it was noted the claimant had been doing fairly well with his back, but with intermittent exacerbations without new trauma. At the 02/03/06 visit he had numbness and tingling on the lateral aspect of his proximal left calf and numbness and tingling on the medial aspect of the right foot. On exam he had mild decreased sensation on the proximal lateral left lower leg. Otherwise he was neurologically intact. Extension and right sided rotation increased his low back pain. The diagnosis was unchanged. It was noted that at times the claimant had radicular symptoms that radiated to the posterior thigh. A 05/26/06 MRI of the lumbar spine showed multilevel annular tears at L1-2, L2-3, L4-5, L5-S1 and a small disc extrusion with inferior extension at L2-3 in the left paracentral position. At the June 2006 visits the left Achilles reflex was decreased. L5-S1 epidural steroid injections were given on 07/16/06 and 08/22/06 with 100% relief of symptoms.

The claimant did not return to Dr. until 01/12/07 at which time, the symptoms had begun to return. He complained of left lower extremity radicular pain that went to the posterior thigh and extended all the way to the lower leg on an intermittent basis. He had limited and painful lumbar range of motion that was exacerbated on extension, rotation and flexion. He had a positive straight leg raise and hyporeflexia of the patella and Achilles reflexes. The diagnosis was lumbar annular tear, L5-S1 herniated disc, lumbar spondylosis, lumbar radiculopathy and lumbago. The claimant was noted to have 80% back pain and 20% numbness and paresthesias along the plantar aspect of the left foot. A CT/discogram was done on 03/08/07 from L1-2 to L5-S1 that was positive for concordant pain at all levels with annular tears and focal disc protrusions at multiple levels. Selective endoscopic discectomy with annuloplasty of L1-2, L2-3, L3-4, L4-5 and L5-S1 was recommended but denied by the insurance carrier. The claimant was taking Relafen and Soma.

On 05/02/07 the claimant was noted to have worsening right lower extremity pain to the posterior calf. Lumbar range of motion was painful. There was some decreased sensation of the posterior right lower leg. Straight leg raise on the right was positive at 60 degrees. The right Achilles reflex was diminished. A right L5-S1 epidural steroid injection was given on 05/21/07 with complete relief of his leg symptoms but no change in the lumbar pain. On 06/04/07 the claimant had painful lumbar range of motion, tenderness of the paraspinal muscles. There was generalized decreased sensation throughout the posterior right lower leg. The claimant had 4/5 strength of the right EHL and anterior tibialis with a positive right straight leg raise. There was also hyporeflexia of the right patella and right Achilles when compared to the left. The physician recommended a facet block for diagnostic and therapeutic reasons. Facet blocks were denied on peer review.

On 07/02/07 Dr. documented continued back pain. With unchanged exam findings. The diagnosis was lumbar annular tear, lumbar herniated disc, lumbar spondylosis and lumbar radiculopathy. He noted that the claimant had multiple degenerative discs that were symptomatic and was not a candidate for lumbar fusion.

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

The films reportedly show some facet hypertrophy in this claimant's case. This claimant's symptoms and findings, however, have been more radicular. As such, this would seem to be contradictory to the ODG guidelines suggesting that treatment is limited to patient's with low back pain that is non-radicular.

Given that this appears radicular and does not appear consistent with facet mediated pain, I am unable to recommend the facet block injections as medically necessary. I would agree with prior reviewers.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back; Facet Joint Diagnostic Blocks.

Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks can either be an intra-articular facet joint block, or a medial branch block, with the diagnosis based on pain relief after the injection. Due to the high rate of false positives with a single block, confirmatory blocks are suggested, and at least one diagnostic block should be a medial branch block. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The technique for medial branch blocks in the lumbar region is the following: (1) L1-L2, L2-L3, L3-L4, L4-L5: requires a block of 2 medial branch nerves (i.e. at L4-5, the L3 and L4 nerves are blocked at the transverse processes of L4 and L5); (2) L5-S1: L4 and L5 are blocked as above, and it is recommended that S1 be blocked at the superior articular process. (Clemans, 2005) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate) as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. (Washington, 2005) (Manchikanti, 2003) (Dreyfuss, 2003) (BlueCross BlueShield, 2004) (Pneumatics, 2006) See also Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy; Facet joint medial branch blocks (therapeutic injections); & Facet joint intra-articular injections (therapeutic blocks). Also see Neck Chapter and Pain Chapter.

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 NSAID's) 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.

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)