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Notice of Independent Review Decision

Date of Review: 08-07-2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar medial branch block

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

Certified by the American Board of Anesthesiology
Anesthesiology – General
Pain Management - Subspecialty

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	721.3	64475	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Preauthorization Review Summary, 06-16-08 & 07-21-08
Worker's Compensation Patient Information, 04-01-08
Preauthorization Advisor Review Form, 07-28-08
Physician medical notes, 04-15-08,
Progress Reports, 01-18-1996, 03-06-1997 to 01-21-1997, 01-30-1998 to 11-03-1998, 01-18-1999 to 10-11-1999, 01-2000 to 02-2000, 02-2001 to 12-2001, 02-2002 to 09-2002, 01-2003 to 09-2003, 03-2004 to 12-2004, 04-2005 to 09-2005
Electrodiagnostic Study, 04-15-03, 10-10-02
Physician reports, 06-11-03, 04-18-03, 03-31-03, 04-28-03
Laboratory reports, 7-2003
Physician prescription, 11-27-1995
Required Medical Evaluation, 07-24-1994
Consult reports, 03-05-1996, 03-18-1996, 04-19-1996, 05-25-1993, 05-13-1993, 04-09-1992, 02-18-1992,
Physical Therapy Initial Evaluation, 01-22-1993
Impairment rating, 05-03-1993
Procedure note, 08-29-1996, 04-16-1992, 04-18-01, 07-08-03, 01-05-05,
MRI of lumbar spine, 02-26-1996, 01-26-1003, 2-29-04, 02-23-03
CT lumbar spine, 08-19-1999, 11-07-02
Functional Capacity Evaluation, 01-30-1998
Texas Workers' Compensation Work Status Reports
Official Disability Guidelines (ODG): Criteria for the use of diagnostic blocks for facet "mediated" pain (not provided)

Additional records provided:
History & Physical examination note, 02-15-08
Physician medical notes, 12-06-06, 02-09-07 to 11-07-07, 01-30-08, 02-15-08, 02-21-08, 03-24-08, 07-01-08, 07-24-08

PATIENT CLINICAL HISTORY:

This patient has a history of chronic low back pain that began in xxxx. The patient has had three previous lumbar spinal surgeries, the most recent in 2003 when the patient had a right L5-S1 foraminotomy for right L5 radicular symptoms. A MRI of the lumbar spine from December 2004 revealed severe right L5-S1 facet hypertrophy and a CT scan of the lumbar spine from 2002 revealed L4-5 facet hypertrophy. On 04-15-2008 the treating physician evaluated the patient. The

patient mainly complained “of constant and severe low back pain with intermittent and less severe right anterior thigh pain. The patient gets occasional numbness and weakness in the right lower extremity. The right side of the patient’s back hurts more than the left. The only time the patient has significant relief is when the patient lays flat on the back.” Physical examination revealed tenderness over the bilateral lumbosacral junction; extension was more painful and limited than flexion. Bilateral straight leg raise produces lower extremity radicular pain.

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

The Reviewer noted that the primary diagnosis was: 1) lumbar Spondylosis without Myelopathy (spondylosis is synonymous with facet arthritis).

The treating physician has requested to perform diagnostic lumbar medial branch blocks to assess what degree of the patient’s pain is originating from the arthritic lumbar facet joints prior to considering more aggressive therapies (spinal cord stimulation) if the diagnostic injections fail. It is appropriate not to specify the exact levels at which the procedure is going to be performed, as many pain physicians will perform palpation of the lumbar spine under fluoroscopy to identify the painful levels.

According to ODG the suggested indicators of pain related to facet joint pathology are:

1. Tenderness to palpation in the paravertebral areas (over the facet region);
2. A normal sensory examination;
3. Absence of radicular findings, although pain may radiate below the knee;
4. Normal straight leg raising exam.

After review of the patient’s medical records, #1, 3 and 4 are the positive indicators, which the patient possesses. The patient does have described decreased pinprick in the right lower extremity; however, the patient has a chronic right lower extremity radiculopathy that accounts for this finding (previous EMG’s with diagnosis of right lower extremity radiculopathy.)

Per ODG, the criteria for the use of diagnostic blocks for facet mediated pain are:

1. One set of diagnostic medial branch blocks is required with a response of >70%. The response should be approximately 2 hours for lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, physical therapy and NSAIDS) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session.
5. Recommended volume of no more than 0.5cc of injectate is given to each joint.
6. Opiods should not be given as a sedative during the procedure.
7. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
8. 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.
9. 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 in activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.

According to the Reviewer, the patient has a long history of chronic low back pain, and it is clear that the patient's symptoms are multi-factorial. Given the history, physical examination and radiology studies, in the opinion of the Reviewer, it is medically necessary to perform lumbar medial branch blocks to assess their contribution to this patient's chronic pain condition in accordance with the ODG criteria above. If these injections are successful in providing a significant amount of pain relief (>70%), then the patient would be candidate for radiofrequency ablation. If the patient fails to achieve significant relief from the requested procedure, then other diagnostic/therapeutic procedures may need to be considered.

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)**