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DATE OF REVIEW: 01/20/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet L3-L4, L4-L5 with IV sedation

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Lumbar facet L3-L4, L4-L5 with IV sedation	Not available	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation:	Date:
MRI Lumbar with contrast – MRI	07/10/00
Lumbar spine X-Rays –Radiology	09/11/00
Initial Pain Evaluation –DO – Anesthesia	05/22/01
MRI Lumbar without contrast –Imaging & Diagnostic Center	09/17/03
Office Visit – Anesthesia	07/13/07
Office Visit –DO – Anesthesia	11/15/07
Utilization Review Request – Lumbar Facet –DO - Anesthesia	11/28/07
Utilization Review Determination – Adverse determination for lumbar facet injection – ODG criteria and source information cited –Ins. Co.	12/03/07
Office Visit –DO - Anesthesia	12/06/07
Utilization Review Appeal Request – Lumbar Facet –DO - Anesthesia	12/12/07
Utilization Review Appeal Determination – Adverse determination for lumbar facet injection – ODG criteria and source information cited –Ins. Co.	12/19/07
Treatment history –Ins. Co.	01/02/07

PATIENT CLINICAL HISTORY [SUMMARY]:

Reportedly, the claimant is a xx-year-old male, with a date of injury of xx/xx/xx, history of two lumbar surgeries, and reports of continued low back pain.

In a xx/xx/xx note from the requesting provider the dictation states the claimant has exquisite tenderness over the L4/5 and L5/S1 interspace". There is a handwritten line over the "L5/S1 inter-space" and the words "L3/L4" are written over it. On 12/06/2007, the requesting provider reported the claimant had axial back pain, "radiating into his lateral thigh; it is aggravated by sitting, side bending and extension".

This requested service in dispute is Lumbar Facet Injections at the L3/L4 and L4/L5 levels with IV sedation.

The initial request was denied, and the reviewing physician reported the request was for facet injections, included the level of prior fusion, and was "not medically necessary". The request was denied on the appeal, and the reviewing physician opined, "Based on the clinical information submitted and using the Evidence-Based, peer-reviewed guidelines referenced above, this request for ... appeal ODG right lumbar facet under fluoroscopy and sedation ... is Non-Certified".

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

This request does not fall within the Evidence-Based, Medical Guidelines, as the ODG this procedure is "Limited to patients with low-back pain that is non-radicular", with "documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks". I recommend upholding the denial.

Facet Injections: 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) (Pneumaticos, 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 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 = 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 = 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:

ODG:

ODG Guidelines / Integrated Treatment/Disability Duration Guidelines / Low Back - Lumbar & Thoracic (Acute & Chronic) / Procedure Summary / Facet joint diagnostic blocks (injections)

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/20/2008.

